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ORIGINAL COMMUNICATIONS.

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*Hydrocele of the Neck.* By THOMAS D. MÜTTER, M. D., Professor of Surgery in Jefferson Medical College. *With cases and illustrations.* (Clinic of Jefferson Medical College.)

CASE 1.—On the 1st of November, 1848, Mrs. G. was delivered of a female child, well formed, with the exception of several tumours of considerable size, which covered the chin, anterior part of the neck, and the upper part of the sternum. From this period they continued to increase in size, and to extend more and more into the surrounding parts. (See fig. 1.)



About a week after birth, the child was sent by Dr. Bibighaus, the physician of the mother, to the clinic of the Jefferson College, where Prof. Mütter diagnosed the case. The fluid was observed to be contained in several sacs, of varied size, and each apparently independent of the others. It was finally resolved to draw off the contents of one or more of the sacs from time to time, as occasion might demand, in the faint hope of being thus enabled to preserve life until increased age and vigor would give greater chance of success to the employment of some such remedy as the seton.

To verify the diagnosis, acupuncture was employed, and during the same day nearly half an ounce of straw-colored fluid was forced out drop by drop through the aperture thus made. The ease which this gave clearly pointed out the relief to be obtained from operating, and accordingly on the 23d, when the symptoms grew rather urgent, Dr. Mütter drew off three and a half ounces of dark, amber-hued serum, from the upper left side tumor. Almost immediately, respiration became easier, and the slight cough disappeared.

I carried away the serum to watch and examine it more closely. Eight hours after removal, a dense coagulum nearly filled the bottle, and the fluid had darkened very much. Twenty-four hours after, the coagulum had shrunk, expelling a good deal of contained fluid from its substance. Dr. Leidy, who examined it at Dr. Mütter's request, ascertained that it consisted of serum, with few or no blood discs.

On the 25th, the fluid had again returned, and by the 27th had distended the sac to its former size; the general symptoms keeping pace with its growth. On the 30th, the trocar was again resorted to, in order to relieve the sufferer, and three ounces of serum withdrawn, the same happy effects as before following the operation.

No other resort to the trocar was made until the 13th of December, when three ounces of a darker serum were removed from the lower cyst of the left side. From this time I continued to see the patient constantly, and the trocar was used as often as occasion demanded.

*Jan. 14th.* I found the child much thinner, and laboring under an oppressing cough, which the mother called whooping cough,



and which sounded not a little like it. On the 21st, although the debility was marked, the cough had decreased, and the child seemed but little worse than usual. Dr. Mütter resolved to operate again on the following day, but during the night she began to sink rapidly, and about three, A. M., died with scarcely a struggle, and before any physician could be called to her aid.

Thirty-six hours after death, Dr. I. V. Paterson opened the body in the presence of Dr. Mütter, Dr. Bibighaus, Mr. Zimmerman, and myself. An incision was carried from the chin to the middle of the sternum, and the closely adherent and hardened skin dissected from the walls of the sacs. Three large and two small sacs were now seen, running up as far as the pterygoid processes of the sphenoid bone, lying on the anterior part of the spine, and one of them covering the sternal end of the left clavicle and the sternum itself. Numbers of smaller cysts lay scattered along the trachea and through the cellular tissue of the neck, but each was distinct from the others, and none had any communication with the cavity of the thorax. The lowest tumor, on the left side, contained, besides the serum, which was common to all, several clots, some loose and some attached by bands of fibrin to the walls of the cyst, which were thrown into curious folds, so as to give to the whole an appearance much resembling that of the heart with its muscoli pectinati. The other sacs presented a similar surface, but in a less degree.

The larynx and trachea were now opened, when the most important lesion was at once revealed. The mucous membrane of the larynx was faintly reddened, and the rima glottidis almost closed by effusion into the sub-mucous tissue. The child died then of œdema glottidis, brought on, I have no doubt, by the irritating pressure of the distended sacs. This consequence of external tumours of the neck, though rare, is not, I think, wholly unprecedented, as aneurisms have sometimes given rise to it. The viscera, and even the thyroid gland, were perfectly healthy, and no other lesion of much importance was observed.\* S. W. M.

CASE 2.—During the winter course of 1845–6, Mr. A. G., a farmer, aged 45 years, and in excellent general health, presented

\* This case closely resembles one of those reported by Mr. Cesar Hawkins, and I am indebted to my intelligent young friend, Dr. S. Weir Mitchell, for the excellent report of its progress and result. T. D. M.

himself at the "Clinic" for the purpose of having an immense tumour removed from his neck. It appeared that two years before he had suffered from a severe attack of acute inflammation of the throat, which gradually subsided, leaving an induration the size of a marble, near the parotid space. For several years this swelling

Fig. 2.



remained indolent, but at length, without any manifest cause, it began to increase, and gradually attained its present bulk. The tumour occupied the *left* side, and extended from the ear down upon the chest. (See fig. 2.) It also involved the larynx and trachea, and passed across the neck behind. Its surface was perfectly smooth, hard, and of the natural color of the integument. When stricken, a sense of oscillation, rather than fluctuation, was developed. *There was no pulsation at any point,*

nor was there much suffering. Occasionally, a sharp lancinating pain would occur; but the chief inconvenience was referable to the *weight* of the mass.

After a careful examination, I arrived at the conclusion that it was a cyst, and to verify the diagnosis, introduced a small grooved needle. On withdrawing the instrument, a few drops of a dark chocolate colored fluid escaped, which indicated at once the nature of the tumour.

As the walls of the cyst were somewhat dense, I had no hope of curing the patient radically by any other method than the "seton," but as he objected to this, and begged for a *palliative* operation only, I used the trocar, introducing the instrument at the most dependant part of the tumour, and as the fluid escaped, *scratched* the surface of the cyst with its point. The object of this measure was to excite, if possible, sufficient inflammation to cause



the effusion of plasma, and the consequent obliteration of the sac. The fluid, *forty-four ounces in quantity*, and of a dark, chocolate color, having been entirely evacuated, a firm compress and roller were applied over the now flaccid sac, and the patient ordered to remain at rest. His diet was also restricted, and directions given to have his bowels kept in a lax condition for a few days.

It is needless to follow the case through a simple course of treatment, which occupied some two weeks; suffice it to say, that at the expiration of this period, marked by the development of no bad symptoms, the patient returned to the country perfectly free from every vestige of his tumour.

This relief continued for *several months*, when, as I understand, the fluid again accumulated, and was drawn off by some surgeon in his neighborhood.

This case illustrates the benefit to be derived from simply drawing off the fluid from an hydrocele, but it is the duty of the surgeon in similar ones, to state candidly to the patient that from this measure alone a *radical* cure cannot usually be expected. If satisfied to submit to repeated operations, he has certainly the right to do so. *In young persons, and in recent cases*, occasionally, frequent tappings may prove sufficient to accomplish a perfect and thorough cure.

CASE 3.—In the fall of 1847, a woman named Jane Gordon, aged 35, of good health, and the mother of several children, came into the institution for the purpose of having a tumour removed from the *left* side of her neck. It occupied the parotid space, extended from the lobe of the ear nearly to the clavicle, and equalled in general bulk a large sized goose egg. It had existed for some five or six years, and could not be traced to any exciting cause. Its growth was gradual, and unaccompanied by pain. Like most tumours of this class, it was smooth, elastic, colorless, obscurely fluctuating, and more or less moveable. Having explained to the patient the nature of her complaint, and also the different methods of treatment, she decided to submit to the *radical* cure.

For the accomplishment of this end, I introduced a *seton*, (by a method hereafter to be described,) and after the escape of the fluid, dressed the wound with a poultice and roller. A general

antiphlogistic regimen was ordered, and continued during eight weeks. At the expiration of this period the patient was discharged, cured; and it may be well to state, that no bad symptom of any kind showed itself pending the entire treatment of the case.

The fluid drawn off was straw colored, and contained crystals of cholesterine. It also presented all the traces of an albuminous solution.

CASE 4.—In the spring of 1848, I was requested by Mr. Young, residing in Dyllwin street above Noble, to examine a tumour about the size of a small walnut, situated just below the lobe of the *left* ear, which had existed for some time, and was now increasing with considerable rapidity. I found it smooth, elastic, pale in color, painless, firmly attached to the parts in its vicinity, and fluctuating obscurely. The youth, and excellent general health of the patient, led me at once to the conclusion that nothing malignant could be suspected, and the sense of fluctuation indicated that the tumour contained fluid. The diagnosis was, therefore, sufficiently clear, and I advised the patient to submit to the removal of the disease.

Accordingly, in the presence of my class, I *dissected out the cyst*, which contained a dark colored fluid. The wound was closed by a suture, and the cold water dressing applied. No untoward symptoms supervened, and a radical cure was accomplished in the course of a few days.

#### REMARKS.

*Definition and History.*—The term “Hydrocele,” so generally employed to designate collections of serum in the genital organs of both sexes, was first applied by Professor Maunoir, of Geneva, to tumours containing a fluid, but located in the neck. In the year 1815, a memoir in relation to the subject was submitted by Professor M. to the Royal Institute of France, and afterwards to the Academy of Natural Sciences. By the latter body, Baron Percy was selected to report upon its merits; and strange as it may seem, this distinguished savant not only denied the claims of Prof. M. to the discovery of a new disease, but declared that all the cases of the Professor were nothing more than “*softened bronchoceles*,” a class of tumours described or men-



tioned by many of the older surgeons, especially Celsus, Albucasis, Helwig, Heister, Petit, Plouquet, Louis, Tenon and Pelletan. Others, and among them Foderé, have adopted the same view of the nature of the complaint, but as we shall have occasion to show, without any foundation. That the affection has existed as long as any other disease to which the human frame is liable, there cannot be a doubt, but it must also be confessed that up to the period of the publication of the essay of Prof. Maunoir, its true character had been overlooked, and hence to Prof. M. belongs all the credit of having first pointed out the essential peculiarities of this interesting malady. Within a few years, numerous examples of "Hydrocele of the Neck" have occurred in the practice of different surgeons, and valuable details of cases have been furnished by Dupuytren, Bransby Cooper, O'Bierne, C. Hawkins, and others, all of whom unite in defining the disease in question to be "a tumour or tumours filled with a serous fluid, and occupying *any portion* of the neck,"—thus confirming the view of Prof. Maunoir, who declares it to be "simply a collection of serous or lymphatic fluid."

CAUSES.—Two varieties of the complaint in question are met with. The first is *congenital*, the second results from the operation of some cause, acting after birth, and may be termed the *accidental* or *acquired*.

It is exceedingly difficult to assign any proximate cause for the congenital variety, and in the attempt to do so, the whole subject of the "development of cysts" is at once called up; and did the occasion permit, the investigation of this interesting point in pathology would prove to you no less interesting than instructive. That there exists, in the laxity of tissues and weakness of vessels of this region, in the *fœtus*, a *predisposing* cause of effusions of serum, is sufficiently obvious; but what determines *positively* and *directly* the separation of this fluid from the blood, is beyond our ken. Once separated, its collection in sacs or cysts is easily understood.

In that form of the complaint arising after birth, various causes operate in its development. For example: any agent capable of exciting inflammation in the cellular tissue of the neck, may produce an hydrocele, particularly if the diathesis of the individual attacked be such as to favor the separation from the blood of *serum*

rather than *lymph*. It is also possible, as Vidal suggests, for the tumour to originate in "*deposits of blood itself, encysted, and gradually transformed into a serous fluid.*" In other cases the sac appears to be a mere development of a mucous bursa, an opinion expressed by Boyer, in speaking of those cysts which are formed in the space between the thyroid cartilage and os hyoides.

LOCATION OF THE TUMOUR.—With the exception of the congenital cases, in which the tumours occupied both sides of the throat, observation, so far, goes to prove that the *left* side is the most common seat of the affection. The swelling frequently commences in the *lower part* of the neck, just above the collar bone, and gradually involves neighbouring portions of this region; but it also originates in other places, particularly the space covering the parotid gland. In determining our diagnosis, the *usual* location of the hydrocele should be borne in mind.

SYMPTOMS.—The symptoms in this disease must depend upon the size, location, variety of cyst, and the nature of its contents. Usually the tumour is smooth upon the surface, of the natural color of the integument, fluctuates, and is *free from all pulsation, unless placed directly over a large artery, or partially emptied*. It is important to recollect the last circumstance, as it offers one of our most valuable diagnostic signs in establishing the true character of the tumour. In congenital cases, or in thin persons, the sac is sometimes almost diaphanous, but from the nature of the fluid contained, is rarely transparent when examined by transmitted light. Unless some important organ, as the larynx, trachea, a large vessel or nerve of the neck, or the œsophagus, is involved, the swelling causes little or no inconvenience, other than that produced by its size and weight. In case No. 2, the patient complained of an occasional darting, sharp pain, of an instant's duration, but with this exception, there was no suffering whatever, except from the weight, (42 ozs.,) which drew his head to one side. When involving the respiratory organs of the neck, the breathing is often very much oppressed, and death, (as in case No. 1,) may ensue from this cause alone. We may also have, as in case No. 2 of Mr. O'Bierne, violent, spasmodic cough. Where the vessels are involved, hemorrhage from the nose, headache, tinnitus aurium, and vertigo, increase the inconvenience and add to the dangers of the case. Deglutition is also sometimes



interfered with, when the tumor is located along the œsophagus. In nearly all cases the patient states that the tumour began as a small, firm, distinctly circumscribed insensible lump, growing imperceptibly and slowly, until from some cause calculated to irritate it, or possibly without any such, it suddenly increased in size and grew rapidly. In some instances, the original tumour is traced to pre-existing inflammation, or to the reception of a blow ; in others, no possible cause can be assigned.

Such are the ordinary symptoms of a hydrocele of the neck, but there exist modifications of these phenomena, or others of an entirely different character may be added. For example, in case No. 1, the tumour, instead of being one smooth uniform mass, was divided into several distinct sacs, not communicating with each other, and in the centre of the upper sac appeared two *hard and prominent points*. In case No. 2, of Prof. Maunoir, the same fact was observed,—the hard points, corresponding to the location of the thyroid gland. In case No. 3, of Mr. O'Bierne, “the surface projected irregularly at several points, which had a soft, elastic, fluctuating feel ; and the skin covering these points was thin, and of a *livid red color* ; and when looked at from a distance, the general appearance of the tumour was such, that it might easily be mistaken for ‘*fungus hæmatodes*.’ The patient also complained of ‘stinging pains, darting occasionally through the tumour.’”

In the case of Dupuytren, (*Révue Médicale*) the tumour was “situated between the os hyoides and the thyroid cartilage, so that a finger, passed deep into the mouth, could feel its base behind the tongue.” Here “the *breathing was so much obstructed that the patient was in constant dread of suffocation ; and his speech became so much affected that he could with difficulty pronounce any long word*.” In Mr. Bransby Cooper’s case, the tumour presented “*three distinct sacs, not communicating*.” And in case No. 3, of Mr. C. Hawkins, “the tumour was composed of a vast number of sacs of different sizes, filled with fluids, differing in color and consistence, and intimately connected with the large vessels of the neck.” There also existed “a varicose condition of the vessels of the cheek, resembling that in the vicinity of sanguineous tumours.”

DIAGNOSIS.—Prof. Maunoir well observes that the disease under consideration must have been often seen without its true character being known. In fact, many of the older surgeons have reported

cases of serous tumours of the neck, but always confounded them with *Goitre*. As already mentioned, Baron Percy adopted the same view, and proposed the introduction of the term *Hydrobronchocele*, as better calculated to convey the precise character of the disease, viz., "a solid bronchocele converted into an aqueous tumour."

But all recent observation goes to prove that "hydrocele of the neck" is essentially distinct from "*bronchocele*," under any circumstances. In the first place, *most of the tumours in hydrocele occupy regions of the neck far removed from the thyroid gland*. Reference to the cases reported substantiate this point. In the second—*the disease generally exists independently of any affection of the thyroid gland*. While then, we admit that the thyroid gland is often converted, by softening, into a cyst, it is at the same time evident that "hydrocele of the neck" is a disease distinct and apart from any such affection of that body.

As the tumour may occupy any region of the neck, and from certain peculiarities may want some of the most striking evidences of its precise character, the diagnosis as regards other tumours of the throat becomes sometimes difficult. For example, in the case of Mr. Cooper, the sac was *so deeply situated, and so firmly bound down by fascia*, that the tumour was supposed to be solid, and not until laid bare, was its true nature ascertained. In such cases our only certain method of arriving at an accurate knowledge of the character of the swelling is to introduce carefully, either an *acupuncture or grooved needle, or else a delicate trocar*. The absence of resistance, and the freedom with which its point may be moved in different directions, enables us to detect with the acupuncture needle the existence or non-existence of fluid in the tumour, and where the grooved needle or trocar is employed the escape of the fluid renders the diagnosis at once clear.

*Fatty tumours*, from their yielding a sort of fluctuation, from the absence of pain, from their being smooth on the surface, and from their being usually circumscribed, have been confounded with hydrocele, but if the least obscurity in the diagnosis exists, *exploration with the needle or trocar settles the matter immediately*.

*Simple glandular tumours* have also been confounded with hydrocele; but the history of the case, the general condition of the patient, the inflammatory pain, the ordinary symptoms of suppuration, present in most of these affections, should render the nature



of the complaint sufficiently apparent ; but here, as in other cases, *exploration* will always give us correct information.

*Chronic abscess* of the neck, from the fact that in physical characteristics it closely resembles hydrocele, may be mistaken for the latter complaint. I have, in fact, witnessed this error. But the diagnosis is rendered simple by resorting, in all cases of doubt, to the *needle or trocar*.

When occupying the *parotid space*, and firmly bound down by the fascia of this region, it is often difficult to determine the precise character of a *small hydrocele*. It is firm, smooth, natural in color, painless, and circumscribed. Here are all the usual characteristics of *parotid tumour in its commencement*. When of large size, the diagnosis is much more simple. As the prognosis and treatment turn, in such cases, upon an accurate understanding of the nature of the tumor, the surgeon should proceed with great caution ; and, if he cannot arrive at his conclusions without, must resort to the needle.

*Herniabronchalis*, a rare disease, occurring in persons who habitually strain their voices, and which is nothing more than a protrusion of the mucous membrane through the rings of the trachea, or the cartilages of the larynx, has been mistaken for hydrocele ; but the *soft, elastic* feel of the tumour, the fact of its *disappearing under pressure*, and its *rapid growth from violent exertion*, should enable any one to form a just estimate of the nature of the case.

*Aneurism*, too, has been mistaken for a serous cyst ; and this error it appears was committed by even the celebrated Percy,—at all events, he contends, with Albucasis and some of the older writers, that “ all tumours composed of *dropsy and goitre*, pulsate synchronously with the action of the heart and subjacent arteries.” Now, all observation goes to show that *just the reverse* is the case, unless the cyst be *partially filled* and *placed directly upon the vessel*. In no case have I ever observed any pulsation, and Heister, Maunoir, Lawrence, Delpech, Fleury, Dupuytren, Sabatier, Vidal, O'Bierne, C. Hawkins, B. Cooper, Phillips, in short, all those who have recently reported cases, make a similar statement.

*The absence of pulsation* is, then, a characteristic of hydrocele of the neck, and this fact should ever be borne in mind in making up our opinion in doubtful cases.

O'Bierne has well explained the cause of the absence of pulsa-

tion, even where the tumour is in contact with an artery. He observes, "In every stage of the tumour, the sac is so filled, that little or no motion is permitted between the particles composing its fluid, and consequently, according to a received axiom in physics, these particles are incapable of transmitting, in any sensible degree, the impulse communicated to them by the beating of subjacent arteries, until a certain portion of the fluid contents shall have been evacuated."

*Subcutaneous nævus*, a most fearful complaint when it occurs as a congenital defect, and involves, as it often does, the whole front of the neck, has likewise been confounded with hydrocele. I recollect having seen a case of this kind, several years since, with my friend Dr. Janney, in which the deformity was terrible, and from the effects of which the child subsequently died. *The soft pulpy feel of the tumour, its variation in size at different times, the usual purplish color of the skin, and the unusual vascularity of the parts in the vicinity,* are generally sufficient to distinguish the former from the latter affection. However, in the case of Mr. Hawkins, in which a vast number of *small cysts, some half empty*, occupied the anterior region of the throat, the diagnosis was very difficult.

*Malignant tumours* of the neck, might possibly be confounded with hydrocele of the multilocular variety, wherever the skin *becomes red*, (as in the case of Mr. O'Bierne,) *and the tumour painful*; but the *general health of the patient, and the history of the case*, will usually be sufficient to prevent the commission of any serious mistake.

PROGNOSIS.—The prognosis here depends upon circumstances. In nearly every case of congenital hydrocele, the patient has lived but a few months, and every variety of treatment has failed to accomplish more than a mere palliation of symptoms. When developed at a subsequent period, the prospect of relief is much more decided, and, in fact, when properly managed the disease, for the most part, readily yields. When important organs are involved, it will be easily understood that serious inconvenience, and even death, may result from this cause alone. Again, the dangers of the disease are much increased by improper treatment; where, for example, the fluid is allowed to escape into the cellular tissue of the neck, during or after an operation, speedy suffocation, or subse-



quent serious inflammation might supervene; and if the surgeon attempts, in young subjects especially, to cure the disease by "*stimulating injections*," or by "*filling the sac with lint*," as advocated by some, experience proves that great danger, arising from inflammation, will in nearly every case so treated, sooner or later be developed.

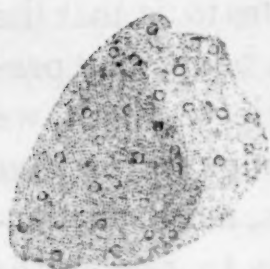
DISSECTION.—Examination with the knife indicates to us that the sacs here, like those developed in other parts of the body, may present either the *simple*, *multilocular* or *included* variety. In all, we have the peculiar arrangement of tissue which belongs to "*serous cysts*," either natural or acquired. In some cases, more particularly the congenital variety, the sac is so thin as to render the tumour partially diaphanous; in others, the sac is so thick and dense, as to offer a serious obstacle to the radical cure of the complaint. In case No. 2 it was at least four lines in thickness throughout. The effect upon adjacent organs will, of course, depend upon the *size*, *duration*, and *direction* of *growth* of the tumour. According to some, the sac may be composed of a dilated mucous bursa, as when the disease is situated between the os hyoides and thyroid cartilage. Degeneration of the sac is rare, but in one case reported by Fleury, "it was found very hard and resisting, and its interior lined with a fibro-cartilaginous covering!"

CHARACTER OF THE FLUID CONTAINED IN THE TUMORS.—The fluid contained in these cysts varies very much in different cases. It has been found limpid, turbid, yellowish, reddish, greenish, and, lastly, coffee or chocolate colored. The last is by far the most common variety, and owes its hue, in all probability, to the presence of the coloring matter of the blood. In consistence it also presents various modifications. Usually it resembles, in this respect, thick cream, but I have known it as thin as water, and again so thick as scarcely to flow through the canula. It is at first inodorous, but changes from exposure to the atmosphere, and becomes very disagreeable, smelling like putrid blood. It is heavier than water, sinking when poured into this fluid, and possesses a sweetish taste like that of pus. In some cases after cooling, the surface is covered with micaceous scales, and in others the microscope detects other ingredients. It is also usually albuminous and coagulates with heat; in some cases it coagulates on exposure to the atmosphere.

I am indebted to Dr. Leidy for the following interesting account of his examination of the fluid drawn from case No. 1.

"The matter contained in the bottle which you sent me for examination, has the appearance and general characters of a coagulum of fibrin from lymph. Chemically it is certainly a proteine

Fig. 3.



compound. Soluble like fibrin or albumen in liquor potassæ, proteine is precipitated from the solution on the addition of an acid. Boiled with hydrochloric acid it gives the characteristic blue color of proteine compounds. With nitric acid and ammonia it becomes yellow, from the formation of xantho-proteate of ammonia. If it coagulated spontaneously, it is undoubtedly fibrin. Microscopically examined, it presents a homogeneous, faintly granular material, with yellowish nuclear bodies diffused through it." (Fig. 3.)

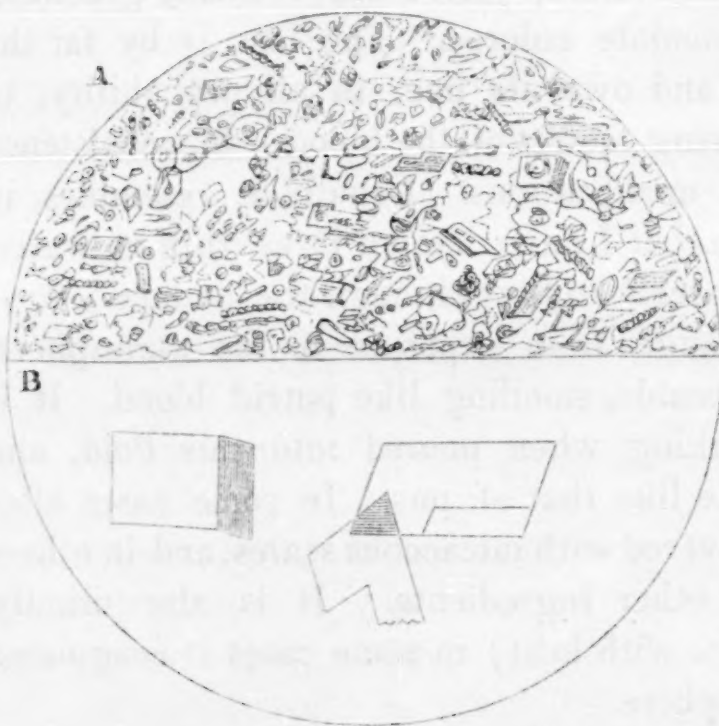
In that taken from case No. 2, Dr. H. T. Child found the appearances so well exhibited in fig. 4, and so clearly described in the following note :

*Philadelphia, 3d month 4th, 1850.*

DEAR DOCTOR,—Enclosed I send the drawing of the fluid from the hydrocele of the neck.

Fig. A represents a section of the field of the microscope, with a thin stratum of the fluid upon it. In it we find, 1st, Numerous

Fig. 4.



crystals, of the same form and physical characters of those shown me by my friend, the late Dr. Southwick, who published a report of a case of steatomatous tumors containing crystals, in the *Medical Examiner*, of this city, vol. vi., p. 283, 1843; they answer the chemical description given by him, being insoluble in water, slowly soluble in alco-



hol, and readily dissolved in turpentine. I have seen similar crystals in pathological specimens since that time. They are probably cholesterine.

Fig. B, is a drawing of these magnified about 800 diametres, without any of the surrounding mass. These crystals form slowly upon the glass, and, I presume, do not exist in the fluid before it is evacuated, other than as a crystallizable matter. They were more numerous in portions, the consistency of which was increased by evaporation.

2d. There is a great number of nucleated cells dispersed through every part of the fluid, and, as will be perceived, in several instances these were arranged in a linear form, showing an attempt at organization.

3d. *Epithelial cells.* These varied in different specimens, but were found in all of them. They were evidently thrown off from the walls of the cyst.

4th. *Pus globules.* A few of these were found in several specimens, but their number was inconsiderable.

5th. The remainder of the mass appeared to consist of the *debris* of the various ingredients, some of these presented a caudate appearance.

With sentiments of regard and esteem, I remain thy friend,

H. T. CHILD.

To Prof. Mütter.

TREATMENT.—The various methods of treatment to which attention has been mainly directed are the following :—

1st. Excision.

2d. Repeated tapplings.

3d. Acupuncture.

4th. Free incision, followed by pressure.

5th. Incision, followed by stimulating applications to the surface of the sac.

6th. Injections.

7th. The seton.

1st. *Excision.*—It must be obvious that this method should be confined to cases in which the tumour is small, circumscribed, and superficial, and *where the existence of a small scar is of not much importance.* Here nothing could answer a better purpose. The

patient is speedily and radically cured, and with but little pain or inconvenience. The operation can be performed in one of two ways. Either the skin may be freely divided from without inwards, and the cyst dissected out entire; or else a sharp pointed bistoury passed through the base of the tumour, and made to cut its way out, dividing the cyst in halves, each one of which may be dissected, or drawn out with a pair of forceps. A simple dressing completes the operation.

2d. *Repeated Tappings*.—The operation of repeated tapping may be had recourse to, either as a palliative or radical measure. The objection made to it, that infiltration of the cellular tissue is apt to follow its performance, holds good only when the tumour is but partially emptied. If all the fluid is drawn off, the small opening in the cyst made by the trocar will be closed before any amount of serum can be again secreted. When this is neglected, the effusion, as in one case of Prof. Maunoir, may develop serious consequences. The surgeon should, consequently, never follow the advice of Percy on this point, but carefully take away every drop of fluid that can possibly be removed. Used as a *palliative* measure alone, it answers a good purpose in *congenital hydrocele*, when it would be improper to resort to any severe remedy, and might even accomplish a *radical cure*, by keeping the sac constantly emptied. It may also be employed in *old cases*, to relieve urgent symptoms, or when the patient refuses to submit to any more decided plan of treatment. To increase the chance of a *radical cure* by this operation, we may here, as is often done in hydrocele of the tunica vaginalis, scratch the surface of the sac with the point of the trocar before the instrument is withdrawn. In all cases it is well, after closing the external wound, to make moderate and well directed pressure upon the sac, so as to favor agglutination of its walls.

3d. *Acupuncture*.—Reasoning from analogy, it has been supposed that, by establishing a "*new action*," in the secreting surface of the cyst, a complete arrestation of the secretion might be accomplished. With this view I tried *acupuncture*, in two cases, and found here, as in ordinary hydrocele, that the tumour, for a few days diminished in size, but the improvement was never permanent, the secretion again forming, and the tumour becoming



as tense as before. This measure, therefore, I consider of no practical value.

4th. *Free incision.*—Unquestionably the *shortest* plan of curing one of these tumours, if superficial, of the simple variety, and too large for complete removal, is that carried into execution by Heister, Delpech and Lawrence, viz., “*free incision of the sac, followed by moderate compression.*” The operation is soon over, and has hitherto proved successful, but there is one serious objection to its employment, especially in females. It *must of necessity leave a long and unsightly cicatrix on the neck.* Other measures should, therefore, be preferred, *unless the scar is of no moment to the patient.* In such cases it may be resorted to with confidence. As it is sometimes followed by severe inflammation, it should not be performed upon young persons; nor should it be attempted in tumours deeply seated.

5th. From the fact that *simple incision* fails in some cases to accomplish a *radical* cure, attempts have been made by different Surgeons to render the operation more certain, by rapidly converting the *secreting surface* of the sac into a *granulating* one. For the accomplishment of this end, various agents have been employed. Dupuytren introduced pieces of lint down to the bottom of the wound, and allowed them to remain until suppuration was fully established. Hawkins painted the surface over with a solution of the iodide of potassium and iodine; or tinct. of camphor, or a mixture composed of muriate of ammonia, vinegar and alcohol. Others have used port wine, sulphate of copper, &c. In short nearly all the usual measures for changing a serous into a granulating surface, have from time to time been had recourse to.

The operation, however, is one that should be employed with caution; not only must it develope severe *inflammation* at the time, but if successful, the cicatrix never fails to be irregular and of great extent. It is also a tedious method.

6th. *Injections.*—To avoid the scar made by incision, and to accomplish obliteration of the sac at the same time, the operation “*by injection,*” as in ordinary cases of hydrocele, early presented itself to the mind of Prof. Maunoir. He accordingly made the attempt, but found the operation not only of no avail, but when any agent sufficiently powerful to make any impression upon the dense cyst was employed, fraught with danger. To quote his own

words,—“ An injection,” he observes, “ which is not very stimulating will effect nothing, or almost nothing, on a very thick, and, in general, an old cyst. If a very active injection be employed, it will cause great pain, and give rise to very alarming spasmodic symptoms. Moreover, I have to observe, that sometimes enlargement of the *thyroid gland* complicates the treatment. In that case, the object is not merely to produce adhesion of the walls of the sac ; it will be necessary to employ a mode of cure by which we may succeed at the same time in resolving this gland, when it projects into the tumour, as I have seen in two patients.” The cure by “ injection,” then, is one now almost abandoned.

7th. *The seton*.—The remedy in which most confidence is to be placed in cases where *extirpation*, *repeated tapping*, or *incision followed by pressure*, should not, from the nature of the tumour, be attempted, or where, if put in practice, have failed, is the *seton*. This measure was introduced by Prof. Maunoir, and most modern Surgeons are disposed to agree with him in the estimate he makes of its value. That it is inapplicable to cases of multilocular cyst, unless several setons are used, and also to those occurring at birth, will be readily acknowledged ; but nothing promises as *much* when the cyst is simple and of long standing.

The best mode of passing the seton is that proposed by Mr. O'Bierne, as it obviates the hazard of infiltration ; an accident very likely to arise when the threads are passed through openings made with a trocar. His plan consists in first making “ a *free incision not involving the sac, at the upper and lower extremities of the tumour, by raising and afterwards dividing a transverse fold of the integuments at each of these points.*” Next “ the sac is opened above, and a long probe, armed with a sufficient number of threads, passed down to the most depending point, against which it is firmly pressed.” Lastly, “ the sac is cut upon the probe, so as to allow the instrument to pass, and the seton to be introduced.” After the introduction a light emollient poultice makes the best dressing for a few days, when a cerate cloth and simple roller answers until the seton is removed.

This method of treatment is tedious, weeks sometimes elapsing before the cure is completed, but it has the advantage of being *safe, easy of execution, but slightly painful, certain, and followed*



by *little or no scar*. During the time of wearing the seton the patient should be careful to avoid exposure, and must also lead a temperate and regular life.

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*Case of Purulent Infection. Service of M. Roux. Hotel Dieu.*  
Reported by J. H. WEIR, M. D., Philadelphia.

Julien, aged 21 years, had received a blow on the frontal region by falling against the corner of a door. He entered the hospital St. Antoine, where he remained for eight days. No symptoms of compression of the brain appeared after the accident, and the small wound cicatrized rapidly. Six days after leaving the hospital, an abscess formed at the lower part of the cicatrix; this was opened, and the patient then entered the Hotel Dieu on the 30th of April.

*April 30.* Abscess situated on a level with the left frontal protuberance, an inch in length, and about one half in breadth. Suppuration commenced freely; the bone was soon exposed; the fever became intense, with little appetite. Ordered simple dressing, with absolute diet.

During the following six days the fever greatly abated; the pus was healthy, the integuments surrounding the wound were not inflamed, and the appetite was better.

On the night of the seventh, the dressings of the wound became detached, so that the wound was exposed to the air for the space of six or seven hours. Soon after, the patient was seized with a chill, dry heat of skin, vomiting of bilious matter, pain between the shoulders, *and the abscess ceased discharging pus*.

*May 8th.* The vomiting still continues; the patient in a low state; abscess nearly dry; pulse small and frequent; skin hot and dry; the pain between the shoulders has greatly augmented. On percussion, dull sound at the base of right lung, respiratory murmur absent at this point. Pleurisy diagnosed with symptoms of purulent infection. Tartar emetic grs. iii.

*May 9th.* Patient complains of a severe pain in the region of the liver, accompanied with great weakness.

*May 10th.* Blister to right hypochondrium. Patient about the same. Surface of abscess glazed and dry.

*May 11th.* No new phenomena have occurred; there is greater prostration; pulse very small; severe pains in the region of the liver, accompanied with a dry, painful cough; diarrhœa; icteric tinge of the skin.

*May 12th.* Patient continued to sink up to 12 o'clock, when he expired.

*Autopsy.*—An icteric tinge of the skin over the whole body; the wound of the forehead is enlarged, and the periosteum is detached; no fracture of the cranium; surface of the coronal suture rugose, bathed in pus. On examining the internal surface of the bone, it was found to be denuded, its greyish color and its rugosities show that there has been effusion of pus from the exterior to the interior. The dura-mater beneath the wound is of a black color, slightly softened and soaked in pus; no false membranes above the arachnoid; slight injection of the surface of the brain; the cerebral substance is of a normal consistence and color.

Pleurisy of the right side with exudation of a troubled liquid; pseudo-membrane enveloping the lower lobe of the right lung; underneath this membrane were found several superficial metastatic abscesses; no induration of lung; some metastatic abscesses in the left lung. The brain was healthy throughout. In the interior of the spleen three metastatic abscesses were found; one of them in process of suppuration. Stomach and intestines generally healthy. Jugular veins and the sinuses of the dura-mater contained some black clots, slightly consistent; these were found without any traces of pus.

The above is one among the many cases (collected during a residence in Paris of some two years) of death occurring from nothing but that insidious and most fatal sequence of suppuration, purulent infection, or metastatic abscesses. It has been my desire to give a report of such cases only in which the powers of this "purulent infection" are most evident. In reading the case just reported, any one will be struck with the fact, that up to the night of the 7th May, the patient had continued to do well; that during that night the abscess was left exposed to the action of the air for several hours, and that from that time the unfavorable symptoms, which ended in the speedy death of the patient, date themselves. Previous to the exposure, the abscess suppurated freely; immediately afterwards the discharge ceased, and so continued till death.



The general health of the hospital Hotel Dieu, at the time of the patient's death was good. Most of the operations performed at this time progressed favorably, unmarked by any peculiar symptoms, so that we cannot charge the hospital as the exciting cause of the man's death. We are, therefore, brought to the conclusion that it was something distinct and individual that caused this fatal termination to a very slight injury ; and we are led to believe, from the history of the case, that the exposure of the suppurating surface of the abscess to the air, thereby altering the nature of the pus, was the exciting and effectual cause of the death of the patient.

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#### BIBLIOGRAPHICAL NOTICES.

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*A Treatise on the Etiology, Pathology and Treatment of Congenital Dislocations of the Head of the Femur.* Illustrated with plates. By JOHN MURRAY CARNACHAN, M. D., Lecturer on Operative Surgery with Surgical and Pathological Anatomy, &c. &c. New York : S. S. & W. Wood, 261 Pearl street.

The progression which has taken place in the science of medicine within the last few years, cannot fail to prove a source of abiding interest to all engaged in its pursuit. Nothing, perhaps, demonstrates more clearly that its progress is advancing rapidly, not toward perfection and certainty, but towards a higher position than it has heretofore reached, than the fact that its different and special departments are assiduously cultivated by accurate and industrious observers, who are ready and willing to confer on their fellow-laborers the benefits of their experience and investigations. The field of science, like that of agriculture, may be most advantageously cultivated when judiciously divided, and especially when to every division some capable and accomplished laborer is willing to devote himself, and to contribute the fruits of his labors to the common stock of others concerned in its culture.

Special departments of medicine have long since been laid out, and the sub-division is now so extensive, that there is scarcely a subject of importance on which monographs have not appeared, which, while they reflect credit on the ability and research of their authors, prove to the profession of inestimable value.

The work before us, giving an account of a special department of surgery, cannot fail to prove of interest to the practical surgeon, as it appears to be an elaborate and faithful delineation of a very distressing and badly understood affection, which, until recently, has been deemed incurable, and to which the attention of the profession has been directed only within the last few years.

In the preface, our author dwells upon the necessity of an accurate knowledge of anatomy, physiology, and pathology, to the surgeon, and throughout the book he demonstrates not only his willingness, but also his ability, to follow up his precept by example, in the full description of congenital dislocations of the head of the femur upon the dorsum of the ilium, and by the details of his individual investigations as to the different conditions of the affection.

The work entitled "A Treatise on the Etiology, Pathology, and Treatment of Congenital Dislocations of the Head of the Femur," is divided into seven chapters, the whole occupying 235 pages, and illustrated by thirteen well executed engravings.

The 1st chapter is occupied with "General considerations on congenital dislocations of the head of the femur," and a history is given of most that has been published on the subject since the days of Hippocrates, who first noticed that children, while in utero, may be affected with various deformities, and among them with certain dislocations, without dwelling at all on the variety under consideration. In latter times, the affection has been studied by Ambrose Paré, Verdue, &c., who demonstrate the possibility of the occurrence of this and other dislocations, while the child is still in utero, which almost inevitably prove the source of deformity for life. Dislocations occurring, no matter at what period, or how, are of deep interest to the surgeon, as on his efforts alone can the misfortunes which would otherwise follow them be averted. Unhappily, from the difficulties of diagnosis attending those occurring congenitally, and the insufficiency of the means for their reduction, they are usually allowed to pass unnoticed, until certain changes



have taken place in the structures about the articulation, which may forever preclude the possibility of a cure.

Our author quotes from Paré, Palleta, and Dupuytren, in proof that these malformations do take place, and that they occur much more frequently than is usually supposed, and also shows that these writers were aware of the difficulties to be encountered in the diagnosis of them, and especially between these and others, which are described as pseudo-luxations and sub-luxations. He gives a general description of the malformation, and of the changes which ultimately follow in the structures in the neighbourhood of the articulation.

In Chapter 2d, the anatomical relations of the joint, the bones composing it, with the ligaments, &c., are carefully described, and the difference between the articulation as perfected in the adult, and its imperfect or rudimentary state in the fœtus or even in the child for some time after birth, is given, and the facility with which the head of the femur may escape from the acetabulum, is shown, not only from the shallowness of the cavity, but also from the want of perfection in the conformation of the head of the bone itself.

The position of the child in utero, with the thighs strongly flexed upon the pelvis, is considered favorable to the escape of the head of the femur, whenever there is any irregularity in the development of the parts about the pelvi-femoral articulation, or whenever the muscles, already on the stretch, are brought into active contraction. The conditions of the articulation favorable to the accident, are very well shown in *plate No. 3*.

In Chapter 3d, the etiology of the deformity is very elaborately entered into, and although the author is decided in his views as to its production, he is still candid in giving the opinions of others, notwithstanding the weight of their authority.

A distinction is made between terms used indiscriminately, though of different meaning, as expressive of the affection, such as *spontaneous*, *original*, *congenital*, and the latter is adopted as most appropriate under all circumstances. Congenital luxations of the head of the femur, are divided (as when occurring after birth) into complete and incomplete, and the directions in which they may take place, are three, 1st, upwards and outwards; 2d, directly upwards, and 3d, forwards and upwards. The first is the variety which is of the most frequent occurrence, and which is most likely

to take place from the natural relations of the parts; the two last are stated to occur as forms of foetal monstrosities. A sub-luxation, described by M. Guérin, as occurring upwards and backwards, and two varieties of *pseudo-luxation*, of the same author, are given, though not dwelt upon; the first simulating a luxation backwards and outwards; the second, downwards and forwards; the head of the femur in neither instance having escaped from the acetabular cavity. One author considers these varieties as belonging to the imperfectly developed foetus or to monsters, and leaves them with the intention of giving a more full account of those which more especially "belong to the practical details of the profession."

The causes given by different writers as producing the affection under consideration are—first. External violence acting upon the foetus while in utero. (*J. L. Petit.*) Second. A primitive alteration in the germ, or an aberration of the formative power—(*force formatrice.*) (*Dupuytren.*) Third. An arrest in the development of the osseous portions forming the cotyloid cavity. (*Breschet.*) Fourth. Certain articular maladies occurring in the foetus during intra-uterine life. (*Revived by M. Parise, and others.*) Fifth. A primitive alteration in the nervous centres. (*Chaussier*) revived by Delpech and Guérin; and lastly, to be more definite; I would add to the causes mentioned above, a pathological spasmodic retraction of the muscular tissue, *resulting from a perverted or disturbed condition of the excito-motor apparatus of the medulla spinosis; especially of that portion which is in direct relation with the nervous branches distributed among the pelvi-femoral muscles.*"

Discussing fully the first four causes as stated, our author discards them, believing the last, which, to a certain extent, embraces the fifth, enough to account for the production of the affection. He gives at length the causes which induce muscular contraction, and the aberrations from the normal conditions. Indeed, his remarks constitute a resumé of the doctrine of excito-motor function, and he bases on its derangement the production of congenital dislocations of the head of the femur, as well as of other deformities which doubtless have the same etiology. He combats freely the doctrine advanced by *Chaussier* and *Palleta*, and subsequently adopted by *Rudolphi*, *Delpeck*, and *Guérin*, of the absence of or alteration in any parts of the nervous centres, and argues to prove



that the aberration may be and is entirely functional, which is certainly nothing more than reasonable, when we know that children are born with every variety of malformation, and yet both brain and spinal column are found to be in a perfectly healthy condition. The anatomical relations of the nervous system as bearing on the argument, are clearly pointed out, and many functional derangements given in support of what our author believes the true causes of these congenital dislocations, viz., *morbid, muscular, spasmodic contractions*, and to which he attributes the dislocation under consideration.

In Chapter 4th, the symptomatology of the affection is described, and the difference between the appearances presented at the different periods of life is considered.

Our author thinks that the affection may be entirely overlooked in the infant or young subject, but believes that when the attention is once directed to the articulation, the nature of the case becomes evident, as the appearances are very much the same as those presented in traumatic luxation of the femur, while the muscles in the neighborhood of the joint are usually so atrophied as to render a comprehension of the relation of the parts sufficiently easy.

The deformity, which may be slight at first, is increased so soon as the child supports itself, when the weight of the body is thrown upon the coxi-femoral articulation, inasmuch as the head of the femur, which at first rests just without the socket, is then forced higher up, until it ultimately assumes a position on the dorsum ilii. Strange to say, the dislocation of both bones is more common than that of one alone. When such is the case, the diagnosis is rendered more difficult, inasmuch as there is then no inequality in the length of the limbs. When such is the case, the disproportion between the length of the body and inferior extremities is striking; there is a curvature forwards of the lumbar region, the pubic region is tilted forwards and downwards, and the lower portion of the trunk appears to be sunken between the upper portion of the thighs. From this circumstance, the arms, when hanging by the sides, appear too long. The trochanters project abnormally, and the contour of the hips is altered; the fold in the groin is deeper than usual, and the extremities, from want of use, are not fully developed. The direction of the limbs varies, and the loco-

motion of the patient is difficult, and "a kind of double lameness is produced, somewhat resembling the hobbling motion of the duck." When the patient is placed in the recumbent posture, the limbs may be elongated, and many of the symptoms observable to the eye disappear. Among the appearances presented to the eye, as well as the signs manifested by manual manipulation, the absence of the head of the femur from its natural position when the limb is rotated, while the fingers are placed in the fold of the groin, is looked upon both by our author and M. Prevaz as "a certain sign of displacement."

The different measurements and the motions which may be given to the limbs, are well described, and the appearances presented are illustrated by a reference to the plates. The symptoms, when the head of one femur only is dislocated, are also well pointed out, and an abstract is given of a well written paper on congenital dislocations of the femur, published by our author in the London Lancet, in 1844, which seems to cover the whole ground.

Chapter 5th.—*Diagnosis*. The diseases with which this deformity may be comfounded are: morbus coxarius, sub-luxation of the femur, the pseudo-luxations of M. Guérin, malformations about the joint, osseous deposits, and shortening of the limbs. Our author thinks that the appearances given are sufficiently distinctive when carefully studied, and that the present symptoms and history of morbus coxarius will prevent any mistake so far as it is concerned.

Chapter 6th.—*Prognosis*. Notwithstanding the opinion of M. Dupuytren, as to the incurability of the affection, our author assumes its curability, and subsequently shows that cases have been successfully treated, when the patients have been young. He, however, cautions the surgeon against a too favorable prognosis. He demonstrates also by drawings from specimens, that the capacity of the pelvis may be altered or interfered with, by the existence of the affection, by which he controverts the assertion of Dupuytren, that the pelvis is not affected by the occurrence of congenital dislocations of the femur. He does not agree with others that such cases are most likely to occur when one side only is affected. He admits, however, that after middle life, the conformation of the head of the femur and that of the acetabulum and



articular capsule become so altered as to render the case hopeless, and only limits a favorable prognosis to such cases as fall into the hands of the surgeon in early life, or as he states in the next chapter, the patient must not have passed beyond the twelfth or fourteenth year of age.

Chapter 7th. The pathology is shown to vary very much, according to the extent and duration of the displacement; yet there are certain post-mortem appearances which belong to the affection under all circumstances. In early life, the head of the femur, the acetabulum, its cartilages, and its ligaments, may have undergone very little actual change, but "in proportion to the duration of the dislocation, and to the more or less advanced period of life, the nutrition of the parts from various causes being materially disturbed, the structural changes in the various tissues become also more marked."

In the sequel, our author points out these changes very clearly. Those occurring in the cotyloid cavity being not only a speedy alteration in its size and shape, but also a deposition occasionally on its surface, with an alteration of its investing cartilage. The head of the femur soon alters in its shape, dimensions, and texture, too much so, we fear, to justify even so much hope as our author entertains of the success of any plan of treatment which may be attempted, especially in those cases in which "the nutrition of the head may become so perverted as to produce structural deterioration, terminating sometimes in its total disappearance."

The capsule and ligamentum teres may remain for a considerable time unaltered, except in being much elongated, but ultimately the former will become much attenuated, and in consequence of the constant pressure of the head of the femur, and the friction on the dorsum of the ilium, will become perforated so as to allow the bone to escape from its investment, while the distended ligamentum teres will rupture, and afford to the joint no further support; or they may coalesce, forming a strong ligamentous cord, uniting the upper portion of the femur to the pelvis. These conditions, together with the formation of a new capsule which sometimes takes place, are well shown in plates 6, 7, 8, and 9.

Our author believes that a new socket or acetabulum may be formed on the dorsum of the ilium, after the head of the femur has reached that location, in two different ways: 1st. At the expense

of the ilium, out of which a shallow cavity is scooped by its continued pressure ; and 2d. By a deposition of new osseous matter. M. Guérin believes that the latter mode of formation of a new socket always occurs, from which opinion our author disagrees, and in plate No. 7 shows that the simple depression on the dorsum of the ilium for the lodgment of the head of the bone does sometimes take place.

The altered appearance of the muscles about the articulation, the atrophied state of some of them, and the contracted condition of others, while others are changed in their texture, are well described.

The changes also in the vessels, nerves, cellular tissue and skin about the parts, as well as the alterations in the osseous tissues, are sufficiently dwelt upon. Our author also shows by actual measurement of morbid specimens, that the pelvis becomes altered in its configuration and capacity, and points out the difficulties which may result during parturition, from the existence of the affection under consideration.

A clear analysis of malformations of the pelvis, &c., and of the causes and methods of operation in their production, is given, and much influence is very properly ascribed to the faulty direction of muscular contraction, aided by the pressure of the trunk on the pelvis, the bony structure of which is perhaps frequently diseased.

In confirmation of his views of the pathology of congenital luxation of the head of the femur on the dorsum of the ilium, our author details minutely the post mortem appearances presented on dissection of two subjects, one female and the other male, which embrace almost every thing which he previously states to exist, including the many and extensive alterations in the different soft and hard structures about the thighs and hips. In the case of the male, the extent of the deformity and shortening of the femurs themselves, must have been such as to have rendered locomotion extremely imperfect.

Chapt. 8th. *Treatment*.—Our author fully appreciates the difficulties to be encountered in the treatment of the deformity, and it could scarcely be otherwise, when the extensive alterations which he has shown to occur in most cases, are taken into consideration. The practitioner undertakes with diffidence the reduction of a common traumatic luxation (no matter of what bone) when more



than a few weeks have elapsed since its occurrence, because he is aware of the changes which invariably take place to a greater or less extent, not only in the structures belonging to the joint itself, but also in those in its neighborhood; how much more distrustful then must he be of his efforts for the relief of an affection which dates its existence from the birth, and the difficulties of which have grown with the growth of its unfortunate victim, more especially when a number of years have probably passed before his assistance is demanded.

Dupuytren, with all his pathological knowledge, and full of surgical skill as he was, deemed such cases hopeless, and rested content with a palliative means of relief, in the form of strong plates so adjusted and fixed as to retain to a certain extent the heads of the bones in their unnatural positions, and to prevent them from sliding up and down at every effort of locomotion. But as one fact of right takes precedence of all hypotheses, no matter how plausible, so it appears that cases of luxation of the head of one or of both femurs have been successfully treated, and consequently attempts at their reduction may hereafter be undertaken with a prospect of a fortunate result. Unsuccessful attempts for the relief of the affection were first made by MM. Duval and Lafond, and subsequently by MM. Humbert and Jacquier, which, however, directed the attention of the profession to its management. By the report of a commission of the Royal Academy of Medicine of Paris, made in 1838, it appears that M. Pravaz succeeded in the reduction of a congenital luxation of the head of the femur upon the ilium. Other cases detailed by M. Pravaz, as well as those given by other practitioners, demonstrate the occasional curability of the deformity. "In 1843 the council general of the civil hospitals of Paris nominated a commission," which reported the successful termination of three cases of the deformity treated by M. Guérin at the *Hôpital des Enfants*, and M. Guérin has himself reported other successful results.

As the disease may be said to be chronic, so is the treatment "necessarily prolonged and tedious," and can only be justified by the prospect of ultimate relief to a deformity not less distressing than the most horrible of its class.

The treatment should be commenced as soon as possible, and it has proved successful from the age of three to that of fifteen years.

The younger the patient, the fewer and less permanent are the changes in the structures about the parts.

After remarking on the condition of things which may justify the operation, our author divides the curative treatment into three periods, viz.: "First, the preparatory extension; secondly, the reduction; thirdly, the normal consolidation of the articular structures, so that the head of the femur may be permanently retained in the acetabulum." The preparatory extension having for its object the dislodgment of the head of the femur from its unnatural position on the dorsum of the ilium, and the stretching of the contracted muscles and fascia, must be gradual, and should be kept up for a long time, varying from two to six months. For this purpose the complicated apparatus devised by M. Pravaz is recommended, and of it a plate is given.

When enough extension has been obtained, the reduction is to be attempted by abducting the limb, and by pushing the head of the femur from above downwards and from without inwards. Sometimes the reduction is immediate and complete, at others "the head of the femur can only be brought into its anatomical position and retained there," when it should be fixed by some appropriate contrivance until nature has effected such changes in the acetabulum as to render it fit for its permanent lodgment.

After the articulation has been established, and when the muscles, &c., have to a certain extent assumed their normal condition, the third period of the treatment may be commenced, which consists in the use of an apparatus in which the limbs can be exercised, while the weight of the body is not allowed to rest upon them, until the parts have become fully consolidated. Subsequently crutches are recommended at the convenience of the patient. Appropriate apparatus for fulfilling the above indications are described, and well executed plates given in illustration.

The plans recommended and practised by M. Guérin to assist in the reduction and retention of the head of the femur, do not seem to find much favor in the eyes of our author, although he says nothing against their employment. They consist of a subcutaneous division of the resisting muscles and fascia, the making in the same way an opening in the closed capsule to allow the head of the bone to return, and of scarifications about the acetabulum, so as to excite sufficient inflammation to cause a deposition to be



thrown out which will retain the head of the femur in its new though natural position.

To Dr. Carnachan we take pleasure in returning our thanks for presenting to the profession so interesting a treatise, which will doubtless fall into the hands of surgeons generally, by whom it will be duly appreciated; and to the publishers our thanks are due for the handsome style in which the work appears.

We trust that at some future day the author will favor us with his views on other important deformities of the bones and joints.

W. B. P.

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*The Diseases of Females; including those of Pregnancy and Child-bed.* By FLEETWOOD CHURCHILL, M. D., Author of the *Theory and Practice of Midwifery and Diseases of Infants.* *A new American edition revised by the Author.* With the notes of R. M. HUSTON, M. D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College, &c. Philadelphia: Lea & Blanchard, 1850.

The popularity and acceptableness of Dr. Churchill's works among the profession in this country is now an established fact, of which the rapid sale of his productions is convincing proof. The volume before us appears as the fifth American edition, revised by the author to meet the demand for a new issue; its appearance, therefore, will be hailed by all as an old and valued friend. In casting our eye over its pages, (a criticism upon which has already been presented to our readers on previous editions,) various modifications, alterations, and additions have presented themselves to us, which, we are sure, cannot fail to add to the interest of the volume. In the chapter on Displacements, the subject of retroflexion is introduced for the first time, and a brief notice given of its causes, symptoms, treatment, &c. In the chapter on Encysted Dropsy, also, the history of the operation of ovariectomy is detailed somewhat at length, and the arguments for and against its performance presented, with all the attendant difficulties. The author's conclusions are worthy of attention; he says: "But bearing in mind these difficulties, and making allowances for these drawbacks, I think we may conclude that there are cases in which the operation would be justifiable, and on these grounds: we find the

general opinion is against the curability of the disease by medical means; that after a time the patient will die from local disease, or accident, or constitutional disturbance, and that, meantime, she suffers more or less inconvenience; that tapping in almost all cases affords but temporary relief; and that, as far as the limited statistics we possess, it is attended with great danger."

Upon the subject of tapping in encysted dropsies, Dr. W. L. Atlee, of this city, a reliable authority upon this subject, holds the following emphatic language: "Since the year 1823, both in my own and my brother's practice, private and hospital, numerous instances of this operation occurred. I have yet to witness the first case of death in consequence of it, and I have never yet seen serious symptoms arise either from first or other tapplings. I have made their query of several experienced surgeons in reference to its dangers, and I have uniformly received a negative reply. I must confess that I was startled by the assertion that 'of first tapplings, one-half have been speedily followed by the death of the subject;' a mortality which exceeds that of any of the capital operations, and which, certainly, does not stain the escutcheon of American surgery."\* To our minds, the knowledge of this experience conveys the conviction that many cases have been sacrificed to the fear of this operation, that might have been saved by it, had it been timely applied, either as a substitute for the more hazardous operation of gastrotomy, or as a preliminary to it. The same writer, Dr. Atlee, states, that "within the last four years I have treated two cases with success in this way." Both were tapped and treated by medicine, and both are now in the enjoyment of perfect health. The paper which we have thus briefly alluded to, (and which we regret that our space will not allow us to notice more at length,) concludes with a comparison of the statistics of the mortality of the operation for ovariectomy, with those of the mortality following other capital operations, in which it is shown that the chances of life are in favor of gastrotomy. The rate of mortality in operations upon the larger arteries as published by Dr. G. W. Norris, is one in 2.95-96, or 33.45 deaths in 100 cases. While in all the cases of ovariectomy reported, it is 1 in 3.2-59, or 32.96 cases in 100. Or if we take the results of 78 cases pub-

\* Amer. Jour. Med. Sci., new series, April, 1850.



lished since 1845, the proportion of deaths is 26.92 in 100 ; making the rate of mortality greater in operations upon the large arteries by 25 per cent. than in gastrotomy.

In the diseases of pregnancy, the chapter on Nausea and Vomiting has been re-written, and the question as to the propriety of the induction of premature labor ably discussed. We commend this chapter to the careful attention of our readers.

The work under notice is already too well established in the favor of the profession to need any recommendation of its merits from us. We therefore commit it to their care, with the full assurance that it will meet the same ready welcome so warmly bestowed upon its predecessors.

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*Dietetical and Medical Hydrology. A Treatise on Baths; including Cold, Sea, Warm, Hot, Vapor, Gas, and Mud Baths; also, on the Watery Regimen, Hydropathy, and Pulmonary Inhalation: with a description of Bathing in Ancient and Modern Times.* By JOHN BELL, M. D., Member of the American Medical Association, &c. &c. Philadelphia: Barrington & Haswell. 1850. 12mo. pp. 658, including a very copious index.

The name of the author of this admirable volume has been too long and too honorably associated with the subject of which it treats, to need any special introduction to notice at our hands. It would be natural, without such a previous reputation, to look for something that would do honor to the American Medical Press, from an editor, lecturer and writer of his veteran experience and standing ; nor will the reader be disappointed in his expectations.

In the particular department of "Hydrology," Dr. Bell has long been without a rival. In the midst of crowds of self-sufficient hydropathists, and a few worthier but less importunate competitors, his original essay has maintained its place above them all, as the only classical authority. The hygienic and therapeutic precepts of his "Baths and Mineral Waters" had become established laws amongst us, many years before the blundering charlatanisms of Preissnitz, and his imitators, had emerged from their appropriate obscurity. In short, no one who knows any thing of the leading American medical books, can fail to recognize, in the title page above, many topics that must plea-

santly remind him of a well-tryed and valued monitor, under whose guidance even the unprofessional and uninitiated reader would have little to learn, and less to fear, from the new-fangled empiricisms of the Græfenberg pretenders.

The new treatise, however, is neither in scope, objects or extent, a mere reprint of the old. A very cursory examination of its pages will demonstrate, what the author tells us in his preface, that he has "enlarged on all the topics of his former work," and "has added new ones—so far as relates to baths and bathing," while mineral waters are left out to "form the subject of a separate volume." His endeavor was "to exhibit a systematic view of the operation and effects of the different kinds of baths on the animal economy, as well in its healthy as its diseased states."

The book is intended for all classes of readers, although the general student is studiously warned that he will find much that he can not and ought not, as an unprofessional man, to be interested in; while there is abundance left that must be regarded as property common to all. We cannot help viewing such a combination as too strongly savoring of the hybrid in its character and influence, to increase the scientific value of the work. The attempt to serve two very different parties, in this manner, under the same cover, with dishes that may be unpalatable to the one and unwholesome to the other, must be at all times an experiment, to say the least of it, of doubtful policy. We would be glad, therefore, for many reasons which need not be dwelt upon at length, to see the popular portions of the book entirely separated from the strictly medical, and given to the public unencumbered with what can prove harmless as well as interesting and useful to the professional reader only. Still, for the sake of the great benefit the intelligible precepts and peculiar information will confer upon all who may be induced to read them, we are extremely thankful to our author for his book precisely as it is. We would hail it gladly in its present shape, and cheer it onwards in its course, were it only for the desire its author manifests to contribute towards the "increase of the public health and of individual comfort and pleasure." These philanthropic interests, he thinks, would be powerfully promoted by bringing into greater vogue the practice of bathing, to the study of which, in all its aspects, his pages are devoted. He has our most cordial wishes in behalf of so



laudable an ambition ; and we shall be most happy if any sympathy of ours can aid him in pressing on a consummation which is notoriously and most lamentably needed in the land.

It would be impossible, within the space to which the present sketch is necessarily confined, to do justice to the merits of the work in an extended appreciation of its principles and facts, or to attempt to discuss the particular tenets of the author. We must restrict ourselves, therefore, to a brief enumeration of the leading topics of the different chapters, as they appear in regular order of succession.

After some preliminary remarks in regard to the neglect of bathing in England and the United States, and upon the structure and functions of the skin, together with the proper care of this latter in its relations to clothing, exercise and cleanliness, he enters *in extenso* on the history of bathing in ancient and modern times, and among different people. Then comes the individual consideration of Baths, in their varieties, nature, materials and hygienic management. These topics occupy the first fourteen chapters. With Chapter 15th begins the study of the "Watery Regimen," which is continued in a very instructive and entertaining manner throughout the nine succeeding chapters. In Chapters 25th, 26th, 27th and 28th, we are favored with a full account of Hydropathy, which will be read with great interest and advantage by the skeptical as well as the believers in that would-be system of the healing art.

The five chapters next in order are devoted to the Cold Bath in each of its numerous and important relations ; among which its therapeutic uses in febrile, exanthematous, hemorrhagic, neuralgic and other diseases of different types and tissues, are fully shown. Then, in the course of Chapters 30th, 34th, 35th, 36th and 37th, we have Sea Bathing under all its aspects. Upon this subject, it may be as well to remark, that Dr. Bell has freely availed himself of the tract of M. Gaudet, who as medical inspector of the baths at Dieppe for a period of eleven years, had acquired a great deal of valuable experience, the results of which are not to be found elsewhere.

The Warm Bath comes next in order of succession, and is presented to us, under a great variety of heads, in five very interesting chapters. The Hot Bath succeeds the warm bath in two equally

instructive chapters, and is followed in five more, including the 50th, by the account of the Vapour, Hot Air and Fumigation Baths, and their varieties, uses and effects. In chapters 51st, 52d and 53d, we have the subject of "Pulmonary Atmiatry," or Inhalation in all its forms, including that of ether and chloroform. The three concluding chapters are occupied with the consideration of the different kinds of Medicated Baths; under which are included natural and artificial mineral waters, mud baths, gas baths, iodine, mineral acid, compressed air and common air baths. A copious and unusually complete index very appropriately concludes the volume. We take leave of the whole work with regret; not merely on account of the pleasure experienced in its perusal, but because its intrinsic excellence inclines us to pay it more respect than can be shown in the present meagre notice. If the man who makes two blades of grass grow where only one grew before, be a benefactor to his race, surely he deserves well of his countrymen who bestows upon them a genuine new book. How much heavier the obligation, then, if that book brings agreeably and forcibly before the general mind a matter which comes home to the physical and moral interests of every member of society.

These are our sentiments, and they lead us once more to thank Dr. Bell for his unique production. We receive it not only as a boon and an honor to the American Profession, and to our countrymen in general, but as a tribute to humanity at large. And we are happy to know that it comes as the forerunner of another gift from one whose public and private life have long since stamped him as a true lover of his fellow-men, and an able as well as earnest advocate of all that is likely to improve their physical and mental being.

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*Surgical Anatomy.* By JOHN MACLISE, Surgeon. Part 2d. Lea & Blanchard. Philadelphia, 1850. Quarto, with fifteen colored plates.

In the January No. of the Examiner we took occasion to call the attention of our readers to this admirable re-print of a popular London publication. We now desire again to direct them to the second No. which has just made its appearance. It will be re-



membered that it is being published in numbers of quarto size, and in a uniform style; the plates in the present issue, therefore, are continuous with those in No. 1.

Plates 17, 18, and 19, exhibit the surgical dissection of the wrist and hand. Plates 20 and 21, the relative position of the cranial, nasal, oval and pharyngeal cavities, &c. Plate 22, the relative position of the superficial organs of the thorax and those of the abdomen. Plate 23, the relative position of the deeper organs of the thorax and those of the abdomen. Plate 24, the relations of the principal bloodvessels to the viscera of the thoraco-abdominal cavity. Plate 25, the relation of the principal bloodvessels of the thorax and abdomen to the osseous skeleton, &c. Plate 26, the relation of the internal parts to the external surface of the body. Plate 27, the surgical dissection of the superficial bloodvessels, etc. of the inguino-femoral region. Plates 28 and 29, the surgical dissection of the first, second, third and fourth layers of the inguinal region in connexion with those of the thigh.

From this analysis of the contents, it will be seen that the interest of those engaged in this particular department, cannot fail to be kept up by the admirable display of the surgical regions presented to them in these plates.

The representations are most faithful in their anatomical details, and in execution unequalled by any that have ever been brought before the profession in this country.

We again renew our thanks to the American publishers for their re-production, and for the reasonable rate at which they are offered to the medical public.

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*The Encyclopedia of Chemistry, Practical and Theoretical; embracing its applications to the Arts, Metallurgy, Mineralogy, Geology and Pharmacy.* By JAMES C. BOOTH, A. M., M. A. P. S., &c. Assisted by CAMPBELL MORFIT. 8vo. pp. 974. Philadelphia: Henry C. Baird, successor to E. L. Carey, 1850.

The Encyclopedia embraces too wide a scope, as indicated by the above title, to be included in 974 large octavo pages of small print. It, of course, is not to be expected that the whole subject can be here produced in any great detail, and hence this is not

aimed at, except in the applications to manufactures and metallurgy. In these departments, the authors have extended their observations, and given various modifications of the processes employed, and under the heads of the articles themselves, references to their use, with the particular parts they are expected to perform in these processes, and such incidental information as may be practically useful to the manipulator. Thus acetic acid, alcohol, alcoholometry, alum, beer, bleaching, calico printing, caoutchouc, &c., have a larger proportionate space allotted to them than substances which, belonging to the other departments, have no particular applications in the arts or metallurgy. In thus giving particular attention to distinct branches of the science, the more elementary parts have not been overlooked, but, as the foundation of all the rest, have devoted to them such notice as is requisite to their proper applications and correct appreciation. In thus directing their aims in a special direction, it does not, however, appear that space is obtained by omission of any subjects as too unimportant in character, but rather by apportioning the amount on each topic to its relative value, and treating these subjects in as concise a manner as may be consistent with perspicuity. In the dictionary form necessary to a work of this kind, considerable effort is necessary to prevent a repetition of statements and facts under the different heads in which they may be appropriately introduced, and at the same time to avoid too frequent references from one head to another. This effort has apparently been made with considerable success, by passing in review all the parts connected with any particular subject, referring to their distinct heads, and giving but few words to that which has been elsewhere noticed, and where a sufficient explanation has been given under the general subjects, referring to the principal subjects under each distinctive title. Thus, under bile and blood, the constituents of these complex organic fluids are given, and either separately commented on, or reference made to them, as "see Hematin and Globulin;" or under the special names we have a reference to these subjects, as "Fulvic Acid," and "Taurin, see Bile," &c.

Some few omissions and inadvertencies of expression, however, have been noticed, which have escaped the attention of the authors; thus, under "Hydrometer," no mention is made of the applications of the same principle in the urinometer. Under Urea, it is



stated that it is prepared artificially by mixing "28 parts of dry ferrocyanide of potassium, and 14 of peroxide of manganese," and "20 parts of crystallized sulphate of ammonia;" and immediately below "from 5—6 ozs. of urea may be obtained from the above proportions."

In revising the proofs, uniformity of orthography has not received as full attention as the scientific portions of the work; thus the phrase "wear and tare" is twice repeated within three pages. In the one page there is fellinic and twice fellanic acid; although not here important, the change of a single letter may in other instances of organic compounds indicate a marked difference in composition, of which an example may be given in butyrene  $C_8 H_8$ , butyrine  $C_{14} H_{14} O$ , butyrone  $C_{14} H_{14} O_2$ .

The illustrations consist of wood cuts introduced under the different subjects requiring them, and nine plates of more general reference, and not well adapted to the body of the work.

In conclusion, we would state, that as a work of reference, the *Cyclopedia* will be found very useful, as embodying a large amount of practical information gleaned from a great variety of sources, and from personal experience up to the time of its publication, upon the accuracy of which the well known knowledge and judgment of the authors would lead us to place great reliance.

R. B.

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MEDICAL PRACTITIONERS' AND STUDENTS' LIBRARY, No. 5. *The American Medical Formulary: based upon the United States and British Pharmacopæias. Including also numerous standard formulæ, derived from American and European authorities. Together with the medical properties and uses of Medicines; Poisons, their antidotes, tests, &c.; designed for the medical and pharmaceutical student.* By JOHN J. REESE, Lecturer on Materia Medica and Therapeutics in the Philadelphia Medical Institute, &c. Philadelphia. Lindsay & Blakiston. 1850.

*The Druggists' General Receipt Book: containing numerous recipes for patent and proprietary medicines, Druggists' nostrums, etc.; Factitious Mineral Waters, and powders for preparing them; with a Veterinary Formulary, and table of veterinary Materia Medica; also recipes for perfumery and*

*cosmetics ; beverages, dietetic articles and condiments ; trade chemicals, miscellaneous compounds used in the arts, domestic economy, &c.; with useful tables and memoranda.* By HENRY BEASLEY. Philadelphia. Lindsay & Blakiston. 1850.

In the last number of the *Examiner* our views in relation to Formularies were freely expressed; it needs not, therefore, that a repetition of them should be presented to the reader at this time in connection with the works whose titles head this article. To the author of the first named we gladly assign an honored place among those who are engaged in facilitating the onward progress of the art of medicine. Although we have our doubts, as was before expressed, whether the means employed in the present instance are the best that could be adopted to advance the end. There is, nevertheless, something in the name, *The American Medical Formulary*, that knocks loudly at the door of our sympathies, and the hand of welcome is extended almost without inquiry. The term *American*, the author thinks, "may, without impropriety, be assigned to it, since, throughout the work, in the description of the various medicinal substances and pharmaceutical preparations, the precedence has uniformly been given to those recognized by our national Pharmacopœia." We regret that the publication was not delayed a little until the revision of the U. S. Pharmacopœia, just to take place, had been completed, and the result of the deliberations of that Convention made known.

In the arrangement of the work the alphabetical order has been adopted, for the two-fold reason of easy reference, and the avoidance of any classification of medicines, which is always more or less arbitrary. Under this arrangement, every article that has a place in the Pharmacopœia of the United States and in those of Great Britain, has been described; together with a condensed notice of its medical properties, uses, and mode of preparation. To these are added some of the best and most valuable of the numerous published prescriptions, both of hospitals and private practice, with, in nearly every case, the name of the author.

In the Appendix will be found a list of some of the more common and useful dietetic preparations; a brief description of poisons, with reference to their treatment, antidotes, and tests; a table of signs and abbreviations; one of proportional doses; one of



weights and measures ; together with a table of the most celebrated mineral waters of the United States and Europe ; and one, of the doses of the most important medicines, all of which cannot fail to be of interest to the reader.

The author has manifested much care and research in the preparation of the volume before us, and has presented us with a work, in general, of great accuracy, which cannot fail to be useful for reference, both to the practitioner and student, if used with proper caution, and not relied upon to the exclusion of his own powers of discrimination and judgment. But, as we have before observed, the danger of all formularies is, that the young practitioner seeing a formula prepared for some special malady, and employed by some well known authority, adopts it unhesitatingly, and thus runs the great risk of becoming a mere routinist. To this objection, however, the American Formulary is less open than any other that we have seen, and we, therefore, with more confidence commend it to the profession.

The work itself is one of a series now in course of preparation, and of which five, including the present, have already appeared. The publishers are entitled to the thanks of the profession, for the desire they have manifested to supply good and sound material and at so cheap a rate, and we hope that they may meet with the success their enterprise so richly deserves. Its mechanical execution is excellent.

The second work is a reprint from the English press, and intended for the use of the druggist, who will find in it a large supply of matter of value to him in his profession. To the country druggist and storekeeper it will prove particularly valuable. As we are without experience, however, in veterinary practice, and in the preparation of perfumery, cosmetics, &c., we can give no opinion as to the merits of the different formulæ contained in it. The title page presents, in itself, an analysis of its contents, which, it will be seen, covers a large extent of surface. In the division of *Trade Chemicals* are contained those compounds which are employed for other purposes than those of medicine, among which we have found much that will prove useful to the practical manipulator in almost every department of art, inasmuch as it supplies him with information whereby much expense may be saved in the preparation of his materials.

## THE MEDICAL EXAMINER.

PHILADELPHIA, MAY, 1850.

FACTS *vs.* FIGURES.

Figures, Mr. Editor, are not statistics, nor yet facts, although it is a very common notion that they are both. They are too often little better than figures of speech, and like many other such forms of expression, impose themselves for truths upon the minds of the unwary. When they stand for definite and ascertained realities, they form the best possible medium of comparison between different classes of phenomena or ideas; but when they are only the translation of an hypothesis, nothing can be more mischievous and deceptive. They become the lion's skin to the ass concealed within them, and give a semblance of dignity and strength to things the weakest and most vulgar.

I was led into these reflections by the curious calculations contained in two portions of your last number, where it is demonstrated arithmetically, by one writer, that we create annually less Doctors, by from 20 to 35 per cent., than are demanded, and by another, that the supply is at least 50 per cent. too small. Here, to be sure, is a serious discrepancy in the mathematics of the two authorities, but it is nothing to an omission of which both are guilty. Perhaps a reluctance to reveal the whole startling truth may have caused a suppression of this essential element in the calculation. It was sad enough to think that with all the efforts of the schools from Maine to California to hurry out half-made, underdone physicians, there was still a lack of from one-third to one-half of the required number of these recruits. What would have been the despair of the grinders in these factories had they been told how much further still they were from the possibility of satisfying the demand for their commodity. Their patriotic souls would have sunk within them at the thought. But even at the risk of renewing their grief, we must disclose what your too scrupulous statisticians charitably concealed, for we cannot suppose that it escaped their sagacity.

If, in this year of grace 1850, twenty-five hundred graduates are



required, and only fifteen hundred are created, the manufacture of doctors is short by one thousand. But the 2500 graduates are required to supply the demand of *this year alone*. *Whence is the deficit of preceding years to be made up?* If we create a thousand too few doctors during this year, we made at least nine hundred too few last year, and so on for previous years; the aggregate of these deficiencies being added to that of the present year, would give a total of three to five thousand required in 1851 for equalizing the supply and demand!

A moment's reflection will satisfy you, Mr. Editor, that this conclusion, absurd as it certainly is, is the legitimate consequence of the argument stated in your last number; by itself it demonstrates the foundation of that argument to be unsound. So that the schools have already good reason to take courage, and rejoice that their unselfish labors are not quite so inadequate to the object they seem to have in view, as the articles you published do clearly imply.

But, after all, what ground is there for the assumption out of which the whole calculation proceeds? It is simply that in "the city and suburbs of Philadelphia," the number of medical men is 497, and the population within the same limits 350,000. We are not informed on what authority the estimate is given, and must consequently regard it as nothing more than a supposition, which may be true or false, but which certainly offers no proof of a claim to the former character. Yet it is assumed by the one writer, and adopted by the other, as if it were an ascertained fact.

The next step in the argument is another assumption: the one writer considering that there are 31,250 doctors in the United States, and the other 26,875, the former supposing the hypothetical ratio of Philadelphia to extend to the whole country, and the latter the still more gratuitous ratio of one physician to every 800 souls. The first named gentleman, indeed, attempts to sustain his deduction by stating that a publishing house in this city has the addresses of more than 30,000 physicians; but every one must perceive that such a list can by no possibility be accurate, however well it may answer for business purposes.

In all of these estimates we see no account taken of the emigration of physicians to this country from Europe. One writer, to be sure, alludes to the point, and passes it by with the remark that we gain by immigration about as many as we lose by emigration!

Why, the graduates or licentiates of British and German colleges may be counted in this very city by scores, and New York is pretty well furnished besides with adventurous Frenchmen driven from their native country by the overcrowding of their profession. When it is known abroad that we need annually a thousand more doctors than we can make, a very avalanche of greedy and needy medicos will roll upon our quays. Then, if ever, may we take up Abernethy's unconscious soliloquy, and exclaim, "Heaven help ye, what's to become of ye all!"

The per centage of deaths, withdrawals from the profession, &c., which, according to the articles in question, create an annual deficit and demand more than equal to what is required by the increase of the population, calculated as it is on the presumed number of physicians, can have of course no greater validity than this latter, which in its turn rests on the assumed population, and the assumed number of physicians in Philadelphia and its suburbs. The old story, Mr. Editor, of the earth resting on the elephant, the elephant on the tortoise, and the tortoise upon—what?

Now, I wish distinctly to remark, that it is not my purpose to deny the numerical statements given above, but only to show that there is no evidence of their foundation in fact, and to contend that without such a foundation it is unfair to employ them as arguments in discussing a question which interests the dignity and prosperity of the medical profession. For if there is no such disparity as that alleged between the demand and supply of physicians, but, on the contrary, an actual excess of the latter, the profession as a body must suffer in every respect by the crowding of its ranks.

There are no figures at present by which this question can be settled, unless we compare our own with foreign countries. The only domestic data we have, are the population and the annual number of graduates. Now, unless it can be shown that there is something to account for the difference, why should the proportionate number of our graduates exceed that of other civilized countries—of France, for example? If her population of thirty-five millions, her colonies, her army of half a million, and her extensive marine, call for not so many as five hundred physicians annually, why should our population of twenty-two millions require fifteen hundred physicians to be made every year, a proportion nearly five times as great as the other? If these data and conclusions are in-



correct, I shall be heartily glad to have their errors pointed out, but until then, I shall be constrained to believe that the striking disparity here indicated is of itself a sufficient proof that we already graduate too many physicians.

But the truth is, Mr. Editor, that we have no need of statistics of one sort or another to solve this problem perfectly; were it submitted to a jury of practitioners having no interest in the multiplication of doctors, they would decide it without leaving the box. Every man of them would feel that his own experience was conclusive in the matter, and that his hard struggles to earn a livelihood showed beyond a shadow of doubt, that there are many more practitioners of medicine than are required. The sentiment is universal in our large cities, and from the country we hear no complaints of the paucity of physicians. These facts defy controversy, and are worth more than all the adverse statistics in creation.

We shall be told, however, that the pressure is not from physicians, but from quacks, who usurp the place which educated men should occupy. Very well, extirpate the quacks, and then let us see how the account stands; but, until that is done, permit me to say that it makes very little difference whether I starve through a knave's impudence, or more genteelly die of inanition through the successful rivalry of a brother M. D. It really seems, Mr. Editor, as if one could hardly be in earnest, in using such language as one of the writers whom you quote. To think of sending forth some ten scores of graduates with the cheerful information that they are to make their bread by "superceding," not open quacks alone, but ignorant doctors into the bargain! And how? Are these owls to be driven to their dens by the light of science? Rather will they extinguish that light by absorbing all the oil which was counted upon for keeping it alive. How is it in our largest and most enlightened cities? Why, the very flower of the profession in science, learning, manners, social position, in everything that commands respect—these are the very men who daily receive their *cong  *, and at the bedside where wisdom and conscience and benevolence sat enshrined in their persons, vulgarity, ignorance and knavery play their antics, and are caressed by their enlightened patrons. I should be glad to have the recipe for "superceding" such men. But it is not forthcoming. It of all things certainly is not—*Take :*

"*Three thousand graduates,*" &c., as the author hints. The working of that prescription would be just the reverse of what is desirable. It would make quacks; it would multiply them, rather, for the one in operation now is making them, and that rapidly, as every one who will open his eyes must see. Men without education made students of medicine, and half educated then, learn to look upon medicine as a trade, and if they cannot drive it profitably in the regular way, and they cannot, they will become knavish as a matter of course.

It is of no avail to calculate how many physicians there ought to be for the whole population, until you ascertain how many of the latter prefer quackery to medicine; for in estimating the relation of supply and demand, every quack represents a physician. But our statistical friends do not seem to have thought of this. I commend it to them for the rectification of their arithmetic.

I remain, &c. &c.

Y. Z.

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ASSIMILATED RANK IN THE NAVY.

We most earnestly commend to our readers, and to the profession generally, the manly appeal of our correspondent, as set forth in his letter below. It tells its own story so eloquently as to need no urging on our part. The matters complained of have been so long and so patiently endured, that those in authority seem to have lost sight of the claims of the medical officers of the navy to be treated as gentlemen. The medical departments of both services have always had our warmest sympathies, and we cordially hope that a universal response will be made by the profession to this appeal in their behalf. We also append the memorial, which it is proposed to distribute to the profession throughout the country. To any who may fail to receive it, and may feel interested in seeing their medical brethren obtain their just demands, we suggest that copies of the memorial should be made, signatures obtained, and then transmitted to Philadelphia, as requested by our correspondent.

DEAR SIR:—You are requested to examine the subject of "A Memorial in behalf of the Medical Officers of the Navy of the United States," and, if you approve of its object, to give it the support of your name, and induce others to join in an attempt to procure by law an assimilated rank for medical officers in the Navy corresponding to that legally established for the same class of officers in the Army of the United States.

Very soon after the close of the war with England,—when the value of medical services was strongly impressed upon the mind of officers of



the navy generally—the medical officers asked to be assigned a definite rank. Their petition was sustained by the opinion of the Secretary of the Navy (B. W. Crowninshield), by the Board of Navy Commissioners, in official communications, dated January, 1817, and addressed to the Naval Committee of the Senate. In May, 1816, nine captains signed an address to the Secretary of the Navy, in which they say, “We consider the medical department of such great importance to the navy of our country, that no reasonable measures ought to be omitted which could have a tendency to retain in the service the professional ability of those gentlemen who, by their experience, knowledge, zeal and humanity, have procured the esteem and confidence of those with whom they have been associated; and we also beg leave to express our belief that no reasonable inducements would be objected to by Congress to procure for those who are engaged in a perilous service, and who are constantly exposed to the diseases of all climates, the best medical aid which the country affords. To effect this, it must be obvious that the rank and pecuniary emolument ought to bear some proportion to what gentlemen of professional eminence would be entitled in private life.”—In December, 1816, four captains addressed the Secretary of the Navy on the same subject. They say: “We have heard with pleasure that it is the intention of the medical officers of the navy to address a respectful memorial to you, requesting that measures might be taken by the Department to procure for them a definite rank in the service, an increase of pay, and the establishment by law of the rank of hospital surgeon.”

When these memorials were presented, there were but thirty captains in the navy; and if, to the thirteen signers of these addresses, the three Navy Commissioners who approved of their object be added, it is fair to infer that they represented the general opinion of the navy on the subject. The names of the captains who signed the address were Samuel Evans, Joseph Bainbridge, S. Angus, James Renshaw, Geo. W. Rogers, James T. Leonard, Edward Trenchard, James Jones, L. Warrington, William Bainbridge, Isaac Hull, D. Deacon, Alexander S. Wadsworth, and the Navy Commissioners were John Rodgers, Stephen Decatur, and David Porter.

In the year 1824, through the representations of several distinguished surgeons, the present system of examining candidates for the medical department, prior to admission into the navy, and of assistant surgeons previous to promotion, was begun, which has been very influential in securing for the naval service a competent medical corps. An improvement in the condition of medical officers began about the same period; but it was not until August, 1846, that the efforts to assign them a definite position in the military organization of which they are members were successful. At that time the Honorable Secretary of the Navy issued the following:—

*“General Order.*

“Surgeons of the fleet, and Surgeons of more than twelve years, will rank with Commanders;

“Surgeons of less than twelve years, with Lieutenants;

“Passed-assistant Surgeons, next after Lieutenants ;

“Assistant Surgeons not passed, next after Masters.

“Commanding and Executive officers of whatever grade, when on duty, will take precedence over all medical officers.

“This order confers no authority to exercise military command, and no additional right to quarters.

“GEORGE BANCROFT.

“Navy Department, August 31, 1846.”

Under this General Order, a question of precedence arose in October, 1849, on a mixed board of officers, assembled at Washington, D. C., between a Commander, whose commission is dated in February, 1847, and a Surgeon, whose commission is dated in April, 1831, and who therefore ranks with commanders from Apr. 1843, when he was a surgeon “of more than twelve years.” The question, which name should be first signed to the report of the Board, was referred to the Secretary of the Navy. But the commander demurred to the legal authority of the Department to issue or enforce the order. The Honorable Secretary of the Navy has not yet made known his decision on this point. The effect of his delay for so long a period, now six months, has been to provoke remonstrance and encourage demonstration against the authority of the Department on the part of those officers of the line, including some passed midshipmen, who think the question can be legally decided by Congress alone, and in this manner the whole subject has been again opened to discussion and agitation.

It is said one “commander-in-chief” assumes that all general orders become obsolete the moment the Secretary of the Navy, who may have issued them, retires from office ; he virtually assumes that the authority of the office of Secretary of the Navy dies every four years, or at least whenever a new administration comes into power.

In the Buffalo “Morning Express,” of March 20th, is the following—

“*Naval Circular.*”

“It seems to be impossible for the commanding officer of a squadron to issue any order calculated to *control*, in the slightest degree, the *course* and *wishes* of a *Purser*, but he promptly produces some circular of the many, obsolete or *otherwise*, with which the whole class appears to be provided, and presents it as an order from the Navy Department, and intended to operate as a check upon his command.

“The present Honorable Secretary of the Navy has not furnished me with these particular circulars or instructions, but he has furnished me with laws for the better government of the navy.

“The regulations of the Navy Department, approved by the President of the United States (as far as they are in use), and my own regulations, for the method and government of the squadron, will be enforced on board the ship under your command.

“I am, very respectfully, your obedient servant,

(Signed)

“CHAS. W. MORGAN.

“Com. U. S. Naval Forces, Mediterranean.



"P. S.—As it is very apparent that great confusion and insubordination in the squadron arise out of the constant presentation, by the Purser, of circulars, orders, and instructions from the different branches of the Navy Department, not properly authorized as such upon their face, by the authority of the Secretary of the Navy for their issue,—I have to direct, that the commanders of the different vessels composing the naval force under my command, will allow *no order whatsoever*, not heretofore sanctioned by me, to be carried into effect, without *my authority* therefor, until I am further instructed by the Honorable Secretary of the Navy.

"Respectfully,

(Signed)

"CHAS. W. MORGAN.

"Captain ———, Commanding U. S. Ship ———, Mediterranean."

For similar assumption in 1843 or 1844, this same gentleman was deprived of command in the Mediterranean. Judge UPSHUR, then Secretary of the Navy, wrote him substantially as follows :

"An officer who debates, instead of obeying the orders of the Department, is unfit to be trusted with the interests of the government. Your successor has, therefore, been appointed, and you will return to the United States in the way most convenient to yourself."

Whatever rests upon the authority, judgment, caprice, or facility of disposition of an individual, is ever uncertain and unstable. For this reason, the medical officers of the Navy desire that a law may be enacted to give them a definite rank, so that all those who are disposed to demur, to cavil, to quibble, or to question the authority of the Department, may no longer find cause to exercise their ingenuity.

To illustrate the necessity and propriety of a law to establish a definite rank for medical officers, as well as for others of the civil branch of the naval service, reference may be made to the "American State Papers," volume for naval affairs, in which is a record of an outrage committed by Captain Oliver H. Perry on John Heath, a captain of marines. Captain Perry, in his own cabin, "gave to Captain Heath a blow." This act, and its investigation by a naval court-martial, caused the commissioned officers of the Mediterranean squadron to address a memorial to the Senate of the United States, dated Port Mahon, January 20th, 1817, of which the following is the concluding paragraph :

"The undersigned have no guarantee for the safety of their persons, but the use of those arms which the laws of their country have placed in their hands, and that personal strength with which nature has blessed them. To these means they must resort, and on them in future depend, unless the honorable Senate, to whom they look with filial confidence as the guardians of their rights, will, by timely interference, save them from the disagreeable alternative of relinquishing a profession to which they are enthusiastically attached ; or, becoming, in every instance, the defenders not only of their characters but of their persons. Placed at a distance from their country, and without the immediate influence of its

civil laws, your memorialists rely with confidence on the decision of the high tribunal to which they now solemnly appeal. Your memorialists trust it will not engross too much valuable time of the Senate, to institute an examination into the proceedings of this court in these two instances. They beg leave also to state, that a case occurred at Naples, in August last, between Captain J. O. Creighton, and Midshipman Marston, of the *Washington*, the decision on which they consider as tending to destroy the conviction which every officer ought to feel, while in the execution of the duties of his office, that the strong arm of the law is extended over him, equally for his protection during good conduct, and for his punishment when he deviates from its rules. If your memorialists have erred in making this appeal, they hope it will be attributed rather to an exuberance than a deficiency of good feeling; and they trust they will ever be found ready to obey the call and support the cause of their country in any contest, however unpromising to themselves as individuals.

“And your memorialists, as in duty bound, will ever pray.

“*Thomas Ap Catesby Jones*, Lieut., Navy.

*W. B. Shubrick*, Lieutenant.

*R. T. Auchmuty*, Lieutenant Marine Corps.

*Christopher Ford*, Lieut., Marine Corps.

*George Pearce*, Lieutenant, Navy.

*Beverly Kennon*, Lieutenant, Marines.

*Samuel L. Breese*, Lieutenant, Navy.

*Thomas Nichols*, Sailing Master.

*Robert F. Stockton*, Lieutenant, Navy.

*Francis B. White*, Lieutenant, Marines.

*Joseph L. Kuhn*, Lieutenant, Marines.

*W. H. Watson*, Lieutenant, Navy.

*Wm. H. Cocke*, Lieutenant, Navy.

*H. B. Breckenridge*, Captain, Marines.

*B. Washington*, Surgeon.

*George B. English*, Lieutenant, Marines.

*James Armstrong*, Lieutenant, U. S. Navy.

*George Beale*, Purser.

*C. S. McCauley*, Lieutenant, U. S. Navy.

*Hyde Ray*, Surgeon.

*Chas. T. Stallings*, Lieutenant, Navy.

*E. W. Turner*, Purser.

*Joseph Cassin*, Lieutenant, Navy.

*Gustavus W. Spooner*, Lieutenant, Navy.

*Robert S. Kearney*, Surgeon.

*William Hall*, Captain, Marines.

*John Harris*, Lieutenant, Marines.

*Henry Olcott*, Lieutenant, Marines.

*N. Webster*, Lieutenant, Navy.

*S. H. Stringham*, Lieutenant, Navy.

*W. K. Latimer*, Lieutenant, Navy.

*L. Roupeaug*, Lieutenant, Navy.

*Alex. H. Montgomery*, Acting Surgeon.



ROBERT FIELD, Lieutenant, Navy.  
N. L. MONTGOMERY, Lieutenant, Navy.  
M. D. NICHOLSON, Lieutenant, Navy.  
W. LAUGHTON, Lieutenant, Navy.  
JOHN CADLE, Acting Surgeon.  
JOHN W. PEACO, Surgeon.  
M. C. ATWOOD, Purser.  
J. L. MORRIS, Lieutenant, Navy."

The names of those who are still in the Navy are in italics.

It does not appear that the complainants obtained any substantial reply to their prayer.

Medical men employed in either branch of the military service of the country, are small detachments from the great body of the medical community; although laboring alone, they do not abandon a claim to the common interests and sympathies of the profession; and while upon the field, or on the ocean, they may regard themselves as its delegates or representatives, bound to submit to its common rules of ethics and policy. Until within a few years, there were no facilities for invoking the protection of their professional brothers; but now the profession is organized to some extent, in County, and in State societies, and the American Medical Association of the United States, it is hoped medical men included in military organizations will not appeal in vain.

Members of the medical profession serving in the army and navy are all alumni of some alma mater; and the professional parent may properly protect and encourage her offspring whenever protection and encouragement are needed.

Say then to alma mater;—do not permit your alumni to be forced below their proper position in any community of Americans, civil or military. You have prepared them in your halls to be physicians, and have recorded your declaration that they are worthy of confidence and respect. You have taught them their obligations; you may properly aid them in securing an observance of their rights, and a just consideration. Your alumni are refused a place relatively to those with whom they are associated; and are denied those conventional signs of respect which are peculiar to military communities, while they are subject in all things to martial laws and usages. In an exacting military organization they are without those rights which are given legally to one class, and are left to a contingent courtesy for the treatment they may receive.

In a similar spirit, call upon our fellow-alumni, and ask them individually, and in societies, wherever they may be, to examine the subject, and urge their friends and representatives in the National Legislature to extend over us the protection of law.

With this object, you are requested to date the memorial and address one copy to the Senate, or to one of the United States' Senators of your State, and another to the representative of the Congressional district in which you reside. After all the gentlemen who are willing to countenance this effort have signed, please return the papers to Philadelphia, addressed to Mr. F. Brown, Northeast corner of Fifth and Chestnut St., and endorsed "Medical Memorial." When all sections of the

country are heard from, the whole of the papers will be forwarded to Washington at the same date.

It is sincerely hoped no unnecessary delay will be indulged in executing the request which is thus earnestly and respectfully preferred.

Very respectfully, &c.,

*A memorial in behalf of the Medical Officers of the Navy of the United States.*

The undersigned respectfully represent, that the medical officers of the Navy of the United States, until within a few years, have been without an assigned position relatively to others in the military community of which they are members. It being made manifest that the want of a relative position caused them to suffer, in many instances, grievous inconvenience and mortification, the Honorable the Secretary of the Navy issued a General Order, dated August 31st, 1846, for the purpose of assigning a relative position to medical officers in the Navy. This General Order was acceptable to the medical corps; it called forth an expression of gratification from the body of the medical profession of the Union, represented in the "American Medical Association," (May 1848,) because, in the language of the resolution, it "regards with pride and satisfaction the services rendered, and the position maintained by that portion of their profession associated with the Military Department of the country; and in consideration of the severe and arduous duties which the medical officers have performed, the risks and dangers to which they have been exposed in the performance of those duties, during a period of warfare, and in an unhealthy climate, it is deemed just and proper, by this Association, that their services should receive from the government, an acknowledgement corresponding to that awarded their brother officers." The members of the medical corps would be content with the assimilated rank thus conferred, although below that which has been justly given by law to their professional brothers in the Army of the United States. But as some officers of the line in the Navy have avoided obeying the General Order of August 31st, 1846, with impunity, and even question the authority of the Secretary of the Navy to issue the said order, which, in effect, confers no power on medical officers, and takes away neither power nor dignity from officers of the line; and as experience has shown, that observance of the order cannot interfere with the general discipline of the naval service, nor lessen its efficiency, your memorialists pray Congress will enact, that *the grades of medical officers of the Navy shall have the same degree of rank relatively to officers of the line in the Navy, as corresponding grades of medical officers in the Army now possess according to law, relatively to officers of the line in the Army, provided that the assimilated rank hereby conferred shall not entitle any medical officer in the Navy to increased pay, or to take precedence of any officer who may be in legal command of any post, station or vessel, to which said medical officer may be officially attached for duty.*

The medical officers of the Navy seek, in this measure, only what is just and reasonable; they do not ask a right to command officers of the



line, nor any power not designated in their present commissions, nor exemption from any duty.

It is believed that members of the medical profession generally, throughout the United States, cannot be indifferent to any executive or legislative action, which may stamp a sign of low appreciation on the science of Medicine and Surgery when exercised in the military services of the nation. It is hoped, therefore, that the justice and propriety of their cause will not be less apparent, because it is urged against numbers by a comparatively small corps of men, separated only while on duty from the great body of their medical brothers, to which they are united by the common bonds of professional, social, and scientific fellowship. And, as in duty bound, your memorialists will ever pray.

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PROFESSORIAL CHANGES AND APPOINTMENTS.

Dr. N. Chapman has resigned the chair of the Theory and Practice of Physic in the University of Pennsylvania, and has been appointed Emeritus Professor.

For more than forty years, have large and admiring classes listened to the teachings of Professor Chapman. Called, when yet under twenty years of age, to the responsibilities of a public teacher, as assistant to Doctor James, then Professor of Obstetrics, he soon succeeded in gaining the confidence of those who entrusted themselves to his guidance. In 1813 he was appointed Professor of Materia Medica, and in 1816 he succeeded the late Dr. B. S. Barton as Professor of the Theory and Practice of Physic. To all who are familiar with his worth—and who is not?—this announcement will be heard with regret, but the feeling will be mingled with satisfaction that the evening of his days has found him crowned with the brightest honors of the profession, and rich in the affections and gratitude of all who know him.

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Dr. Landon C. Rives has been appointed Professor of Materia Medica in the Medical College of Ohio, to fill the vacancy caused by the death of the lamented Harrison.

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We have received from Mr. George D. Phelps, of New York, specimens of several articles of value to the profession. Among these is the Cantharidine blistering plaster and dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in its effects. We have given it a trial, and find it fully to answer our expectations.

We are under obligations to the same house for specimens of

Lawrence's hair gloves, brushes, &c., for external friction. A limited trial of them has satisfied us of their admirable fitness for the uses for which they are intended. We refer our readers to the advertisement in this number, in which they will find all the information respecting them which they may desire.

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HAMPDEN SIDNEY COLLEGE, RICHMOND, VIRGINIA.

Drs. Maupin and Chamberlayne have been appointed delegates to the convention for revising the Pharmacopœia, and Drs. R. L. Bohannon and C. P. Johnson to the American Medical Association.

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MEDICAL GRADUATES AND STUDENTS.

University of Pennsylvania, April 6, one hundred and sixty-nine.  
Medical College of Georgia, March 5th, forty-four. Whole class one hundred and seventy-nine.

Rush Medical College, Feb. 7th, forty-four graduates.

Each of the Medical Schools of St. Louis had one hundred and ten students.

Louisville University, three hundred and seventy-six.

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ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

We are gratified in receiving once more this valued journal, and in welcoming into the editorial brotherhood Prof. John B. Johnson, in the place of Prof. McDowell, who has retired.

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We hope to lay before our readers, in the next number, a synopsis of the proceedings of the American Medical Association, at their meeting in Cincinnati, on the 6th inst.

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PENNSYLVANIA STATE MEDICAL SOCIETY.

*Philadelphia, April 17th, 1850.*

The Society met in the Hall of the Controllers of the Public Schools, in the Athenæum building, Sixth Street, in the city of Philadelphia, pursuant to adjournment, and was called to order by Dr. Wilmer Worthington, Vice President, at 11½ o'clock, A. M.

At twelve o'clock, Professor Jackson addressed the Society in a speech marked with great power of thought, apt illustration, and felicity of expression. He stated, in substance, that it was two years since the Society was founded in the city of Lancaster, and expressed the confident belief that important results would flow from the organization of



the medical profession of the State. The arbitrary governments of Europe have regulated the medical profession, and by regal statutes established medical colleges; but they are of a character incompatible with our free institutions. We do not want Legislative or Executive interference, as the medical profession alone are capable of legislating understandingly, in those things which affect their usefulness, standing and interests. Allusion was made to the evils resulting from empirics assuming the name and honors of the Doctorate, and their pretended claims silently recognized by an unreflecting public. A great want in medicine is a large collection of trustworthy facts, embracing many thousand cases, and extended over a considerable period of time. Isolated cases prove nothing. They are empirical. Laws are required, and laws can only be discovered from accumulated thousands of individual facts. In regard to the preparatory studies of medical students, he thought that a knowledge of French and German was of more importance than a knowledge of Greek and Latin. After showing, at length, the elevation which should be attained by the medical profession, and the means to be employed in attaining it, he remarked, in conclusion, that medicine will then have accomplished its important mission in this world, corresponding to a civilization far different from the present. This is the great work charged on us. It is now being organized; its scattered elements of power are concentrating—combined exertion and united effort must hasten its progress. In this work, we all have an allotted though small task to perform. Let the word then be, "forward."

On motion of Dr. Kerfoot, of Lancaster, the thanks of the Society were tendered to Professor Jackson, for his able and eloquent address, accompanied with a request that he furnish a copy of the same for publication.

A motion was made that delegates be received from the Medico-Chirurgical Society of Philadelphia, but after lengthy debate the motion was finally withdrawn.

The roll, being submitted by the committee, was called, and 58 delegates answered to their names.

On motion, the Medical officers of the Army and Navy, and medical gentlemen from other States and counties, and associate members, were invited to seats.

Dr. Jackson presented a series of resolutions relative to the assimilated rank of medical officers in the Navy, which was granted in 1846 by order of the Secretary of the Navy. In the army it is granted by a law of Congress. Many officers of the line of the Navy are now attempting to degrade medical officers by depriving them of that assimilated rank. The following resolutions were adopted and ordered to be forwarded to the War and Navy departments, and to the Chairman of the War and Navy Committees in both houses of Congress.

*Resolved*, That the State Medical Society of Pennsylvania cannot regard with indifference the condition and position assigned to members, of the profession, who are included in the military organizations of the country; and therefore regards, with satisfaction, the law which

confirms the assimilated rank of Medical officers in the Army, previously conferred by the regulations of the War Department.

*Resolved*, That the members of the State Medical Society of Pennsylvania approve of the general order issued by the Secretary of the Navy, August 31st, 1846, which assigns to Medical officers in the Navy an assimilated rank; and that their influence will be used to sustain their naval brethren in a position alike due to them and the profession of which they are members.

*Resolved*, That inasmuch as the Medical officers of the Army have been assigned an assimilated rank by law, it is right and proper, that Medical officers of the Navy should also be assigned a definite rank by act of Congress, and this body, therefore, respectfully and earnestly invites the attention of the Senate and House of Representatives of the United States to the subject.

*Resolved*, That a copy of these resolutions be forwarded to the Secretaries of War, and of the Navy, through the chiefs of the Medical Department, of each service, and to the chairman of the military and naval committees in each House in Congress.

At two o'clock, P. M. on motion, the Society adjourned to meet at four o'clock, P. M.

The subjoined, resolution, offered by Dr. Isaac Parrish, was passed:

*Resolved*, That the attention of the County Medical Societies throughout the State, be called to the importance of furnishing reports on the state of Health, the Medical Topography, the occurrence and progress of contagious and epidemic diseases within their respective limits, and such other medical intelligence as may be of importance to the State Society.

On motion of Dr. Henry Gibbons, it was

*Resolved*, That a Standing Committee be appointed to receive the annual reports from the County Societies, and present them to the State Society, accompanied with such remarks as they may deem interesting.

Five being resolved upon as the number of the committee, the Chair appointed the following gentlemen to constitute the same—Drs. I. Parrish, J. L. Atlee, A. Stillé, H. S. Patterson, and Worthington.

Dr. Atlee, of Lancaster, then announced in appropriate terms the demise of Dr. C. H. Matthews, of Bucks county, one of the Vice Presidents of the Society, and after paying a brief tribute to his worth, offered a series of resolutions expressive of the feelings of the Society upon the occasion. They were adopted unanimously.

Dr. Hays, the Corresponding Secretary, presented a report from the Erie County Medical Society, detailing the organization and proceedings of that body. The document, which was a long and interesting one, was read and ordered to be entered upon the Society's archives.

Dr. Stillé offered the following resolution which was adopted:

*Resolved*, That the County Societies be requested, at the earliest day, to procure an enumeration of the regular medical practitioners within their limits, distinguishing between those who are graduates of



medical schools and those who practice medicine but who are not graduates, and to state also, the number of irregular practitioners, distinguishing between the adherents of the several false systems which prevail.

Dr. Stillé also offered the following resolution, which was lost—ayes 20, nays 22.

*Resolved*, That the censors of the several districts be requested to correspond with physicians in the counties where no medical Societies exist, soliciting such information as they possess in reference to the subjects of the resolutions above.

The reason for the rejection of this resolution were, that the information thus gathered would be merely opinionative, and might do injury to individuals.

Dr. Hays offered the following :

*Resolved*, That it be recommended to the several County Societies to adopt some regulations by which members to whom application is made by a person desirous of becoming a student of medicine, should be satisfied that the applicant has received a good English education, possesses respectable attainments in the Latin language, and sustains a good moral character, and that it is recommended to the County Societies to make it the duty of a member having students in his office, from time to time to make such examinations of their progress as shall enable him to give them conscientious certificates of their abilities when they leave the office for the lecture-room.

After some discussion this resolution was laid on the table.

The following resolution was substituted for the above, and adopted :

*Resolved*, That it be recommended that members satisfy themselves, either by personal inquiry or written certificate of competent persons, before receiving young men into their offices as students, that they are of a good moral character, and that they have acquired a good English education, a knowledge of natural philosophy and the elementary mathematical sciences, including geometry and algebra ; and such an acquaintance, at least, with the Latin and Greek languages as will enable them to appreciate the technical language of medicine, and read and write prescriptions ; and that it is recommended to the County Societies to make it the duty of a member having students in his office, from time to time to make such examinations of their progress as shall enable him to give them conscientious certificates of their abilities when they leave the office for the lecture room.

Upon these resolutions a very interesting discussion arose as to the utility of requiring a proficiency in algebra, etc.

Dr. Worthington offered the following, which, after some discussion, was adopted :

Whereas, it is asserted and confidently believed by a portion of the public, that it is the practice of some physicians and apothecaries to enter into a collusive agreement, by which the former are to receive a per centage upon all prescriptions sent to the latter, and in this way bring dishonor upon the Medical profession : Therefore,

*Resolved*, That this Society regards all collusion between physicians

and apothecaries, whether with a view to pecuniary profit or patronage, as opposed to every principle of that moral code which the profession have adopted for their government, and that no physician known to be guilty of such collusion should be entitled to the confidence and professional intercourse of medical men.

*Resolved*, That the delegates representing this Society in the American Medical Association, be requested to bring this subject before that body at its next annual meeting, and endeavor to procure such alteration in our code of ethics as will exclude all physicians guilty of such practice from medical consultations.

During the debate upon these resolutions, it was stated that there are in the city and county 380 physicians.

Philadelphia was agreed upon as the next place of meeting.

On motion of Dr. Condie, the article of the constitution respecting the time of meeting was altered to the month of May, instead of April. On motion of the same gentleman, the next annual session was fixed upon the last Wednesday of May, instead of April.

On motion of Dr. Green, the section of the constitution disqualifying from membership physicians guilty of certain medical offences, was amended so as to include in it the words "or who shall enter into a collusive agreement with an apothecary to receive compensation or patronage for sending prescriptions to said apothecary."

Dr. Patterson, from the Committee appointed at the last session to draft an address to the profession throughout the State, reported that the duty had been performed, and the address printed with the proceedings of last session.

Dr. West, from the committee on a Medical Beneficiary Fund and mutual assurance among Physicians, read a written report of considerable length, to which was appended several resolutions approving of the spirit of medical beneficial Societies and mutual assurance among physicians, but declaring that those objects could be more effectually attained by the various local and county Societies, to whom the subject was therefore referred, with an earnest recommendation from this Society that they take immediate action, and report the result at the next annual session. The report was approved, directed to be entered on the minutes, and the resolutions adopted.

Dr. Worthington, from the Committee on the Registration of births, marriages, and deaths, reported an act for that purpose, which it was proposed to lay before the Legislature, with a recommendation, that it be enacted into a law.

This bill makes it the duty of the Assessors of the several Wards and Townships throughout the State to ascertain the number of births, marriages, and deaths in their jurisdiction every year, which are to be returned to the Register of Wills in each county. The act also provides a penalty, in order to secure the faithful performance of this duty, and makes the record of these births, marriages and deaths evidence in courts of justice.

On motion, the committee was continued, and instructed to urge upon the Legislature the passage of the bill.



Prof. Samuel Jackson, from the Committee on Small Pox and Varioloid, made a lengthy report of the facts ascertained by that Committee relative to the prevalence of those diseases. The Professor read the statistics of the number of deaths from year to year in Philadelphia of these diseases, and compared them with the statistics of London, both of which went to show that the epidemic obeys certain laws appearing, increasing, and diminishing at intervals of from three to five years.

The statistics of the disease in this city we give below. In the years 1804, 5, 6, there were no cases of death. In 1807 there were 32; in 1808, 145; 1809, 101; 1810, 33; 1811, 117; in 1812, 13, 14, 15, no deaths; in 1816, 97; in 1817, 52; 1818, 8; 1819, 1; 1820, 21; 1822, no cases; 1823, 160; 1824, 325; 1825, 6; 1826, 3; 1827, 100; 1828, 107; 1829, 81; 1830, 86; 1831, 18; 1832, 43; 1833, 168; 1834, 212; 1835, 106; 1836, 86; 1837, 81; 1838, 45; 1839, 5; 1840, 63; 1841, 259; 1842, 156; 1843, 36; 1844, 17; 1845, 190; 1846, 251; 1847, 9; 1848, 100. The report was received, and ordered to be published, and the committee continued with power to fill vacancies.

The Committee on nominations reported the following nominations for officers of the Society for the ensuing year:—President, Dr. Wilmer Worthington, of Chester county; Vice Presidents, Drs. Allen, of Bucks; Gries, of Berks; Innes, of Northampton; Ludens, of Huntingdon. Recording Secretaries, Drs. Ehler, of Lancaster, and Patterson, of Philadelphia. Corresponding Secretary, Dr. Hays, of Philadelphia. Treasurer, Dr. Fox, of Philadelphia. Delegates to the American Medical Association for 1850—Drs. Norris and Yardley, of Philadelphia; Burrows, of Lancaster; Wood, of Philadelphia; Betton, of Philadelphia; and Ely of Bucks. Delegates for 1851—Drs. S. Jackson, Philadelphia; Kerfoot, Lancaster; Abernethy, Northampton; Worthington, Chester; McCullough, Huntingdon; Nagel, Berks. Censors the same as last year.

On motion of Dr. Kerfoot, the President elect was requested to deliver an address at the opening of the next annual session of the Society.

Dr. Carpenter offered the subjoined resolution:

Whereas, one of the chief objects in the formation of the State Medical Society, was to effect a full and complete organization of the profession within its limits, whereby its interests and usefulness would be more fully extended amongst its members and the public generally, it is consequently of much importance to effectually arouse the attention of the profession in counties yet unorganized, so as to induce them to take such action as will early effect the desired object.

Therefore, *Resolved*, That the Corresponding Secretary be requested to ascertain the names of one or more physicians in such counties, and send them a copy of the proceedings of this meeting, with an urgent request to take the necessary steps to insure their representation at the next meeting of the Society.

On motion of Dr. Hays, the Recording Secretaries were directed to publish the proceedings of this session, with the Constitution of the So-

ciety, the address of Professor Jackson, and the address to the profession published by the Committee.

The following resolution was offered by Dr. Carpenter, of Lancaster, and adopted :

*Resolved*, That the thanks of the State Medical Society be presented to the delegation of Philadelphia for the comfortable arrangements provided for its meeting, as well as the hospitality and kindness extended to its members.

Dr. Ehler offered the following, which was adopted :—

*Resolved*, That a vote of thanks be tendered to the late officers of the State Medical Society for the gentlemanly and efficient manner in which they have fulfilled the duties of their respective offices.

The President, Professor Jackson, returned his acknowledgments, on his own behalf and that of the officers, for the compliment, in a few very happy remarks. He then inducted into office the President elect, Dr. Wilmer Worthington, of Chester county, who, in a short speech, returned thanks for the honor conferred upon him.

The Society adjourned *sine die*.

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*The alleged employment of Chloroform by thieves.* By JOHN SNOW, M. D.—In two recent cases of robbery it has been asserted that chloroform was used to render the victims insensible; and although no real evidence has appeared of such being the fact, yet the statement has gained great publicity through the newspapers, and the sentences on the prisoners have apparently been rendered more severe by the allegation.

It can readily be shown that if thieves and prostitutes were to resort to the use of chloroform in the public streets, in the manner alleged, the attempt would only lead to their instant detection on the spot. The sensation of pungency in the nostrils and throat that is caused by this agent, when its vapour is in sufficient quantity to produce any effect on the sensorium, is so strong and peculiar, that no person can take a single inspiration without being aware that he is inhaling something very unusual. Chloroform, in fact, can never be administered without the consent of the party taking it, unless by main force, which has to be used in the case of children who are not old enough to be reasoned into taking it. If a child be asleep when the process of inhalation is commenced, it nearly always awakes before being made insensible, however gently the vapour may be insinuated. As breathing is perfectly under the control of the will, a person would, on finding such a strange attempt being made on him in the public street, instantly hold his breath, and use all his powers of resistance to repel the assault. And supposing the handkerchief, which is the alleged weapon, were held forcibly over his mouth and nostrils, in spite of his efforts, yet he would be able to struggle as long, whilst holding his own breath, as if another person were trying to prevent his breathing by the method called Burking. When it is recollected that a race of 150 yards can be run in one breath, these struggles, it will be perceived, would last long enough to attract a crowd.

*London Medical Gazette.*



*Deaths in Philadelphia from March 23d to April 20th, 1850. Reported by Mr. JAMES AITKEN MEIGS, Student of Medicine.*

| Diseases.                          | Ad'ts | Chil. | Diseases.                           | Ad'ts | Chil. |
|------------------------------------|-------|-------|-------------------------------------|-------|-------|
| Abortion, . . . . .                | 1     | 0     | Hemorrhage, . . . . .               | 0     | 3     |
| Abscess, . . . . .                 | 0     | 1     | “ from stomach, . . . . .           | 1     | 0     |
| “ of lungs . . . . .               | 2     | 0     | Hernia, . . . . .                   | 1     | 1     |
| Anæmia, . . . . .                  | 0     | 1     | “ umbilical, . . . . .              | 1     | 0     |
| Apoplexy, . . . . .                | 4     | 0     | Hydrocele, . . . . .                | 0     | 1     |
| Burns, . . . . .                   | 1     | 2     | Inflammation, general, . . . . .    | 1     | 0     |
| Cancer, . . . . .                  | 1     | 0     | “ of brain, . . . . .               | 0     | 11    |
| “ of lungs, . . . . .              | 1     | 0     | “ breast, . . . . .                 | 0     | 2     |
| “ of mouth, . . . . .              | 1     | 0     | “ bronchi, . . . . .                | 3     | 14    |
| “ stomach, . . . . .               | 1     | 0     | “ larynx, . . . . .                 | 0     | 3     |
| “ uterus, . . . . .                | 1     | 0     | “ liver, . . . . .                  | 1     | 0     |
| Casualties, . . . . .              | 4     | 3     | “ lungs, . . . . .                  | 12    | 22    |
| Cholera infantum, . . . . .        | 0     | 1     | “ œsophagus, . . . . .              | 1     | 0     |
| Compression of brain, . . . . .    | 0     | 1     | “ peritoneum, . . . . .             | 2     | 0     |
| Congestion of lungs, . . . . .     | 2     | 5     | “ pericardium, . . . . .            | 0     | 1     |
| “ brain, . . . . .                 | 5     | 2     | “ pleura, . . . . .                 | 2     | 0     |
| Convulsions, . . . . .             | 2     | 28    | “ stom. & bowels, . . . . .         | 4     | 5     |
| “ puerperal, . . . . .             | 1     | 0     | “ tonsils, . . . . .                | 1     | 0     |
| Croup, . . . . .                   | 0     | 15    | Intemperance & exposure, . . . . .  | 5     | 0     |
| Cyanosis, . . . . .                | 0     | 1     | Ileus, . . . . .                    | 1     | 0     |
| Debility, . . . . .                | 3     | 7     | Jaundice, . . . . .                 | 1     | 0     |
| Dentition, . . . . .               | 0     | 3     | Malformation of heart, . . . . .    | 0     | 1     |
| Diarrhœa, . . . . .                | 1     | 1     | Malignant disease of eye, . . . . . | 0     | 1     |
| Disease of brain, . . . . .        | 0     | 8     | Mania-a-potu, . . . . .             | 2     | 0     |
| “ breast, . . . . .                | 0     | 1     | Marasmus, . . . . .                 | 3     | 11    |
| “ heart, . . . . .                 | 8     | 4     | Measles, . . . . .                  | 0     | 7     |
| “ liver, . . . . .                 | 1     | 0     | Mortification of bowels, . . . . .  | 1     | 0     |
| “ lungs, . . . . .                 | 4     | 1     | Old age, . . . . .                  | 15    | 0     |
| “ spine, . . . . .                 | 0     | 1     | Palsy, . . . . .                    | 7     | 0     |
| “ throat, . . . . .                | 0     | 1     | Pertussis, . . . . .                | 0     | 9     |
| Dropsy, general, . . . . .         | 7     | 3     | Phthisis pulmonalis, . . . . .      | 49    | 15    |
| “ of head, . . . . .               | 0     | 22    | Phlegmasia dolens, . . . . .        | 1     | 0     |
| “ heart, . . . . .                 | 0     | 1     | Purpura, . . . . .                  | 0     | 1     |
| “ breast, . . . . .                | 5     | 1     | Rupture of the uterus, . . . . .    | 1     | 0     |
| Drowned, . . . . .                 | 0     | 2     | Scalds, . . . . .                   | 0     | 1     |
| Dysentery, . . . . .               | 6     | 7     | Scirrhus of stomach, . . . . .      | 2     | 0     |
| Effusion on brain, . . . . .       | 2     | 1     | Scrofula, . . . . .                 | 1     | 3     |
| Enlargement of heart, . . . . .    | 1     | 1     | Small pox, . . . . .                | 2     | 3     |
| “ liver, . . . . .                 | 0     | 1     | Still born, . . . . .               | 0     | 44    |
| Erysipelas, . . . . .              | 1     | 3     | Suicide, . . . . .                  | 4     | 0     |
| Fever, catarrhal, . . . . .        | 0     | 2     | Tabes mesenterica, . . . . .        | 0     | 4     |
| “ intermittent, . . . . .          | 0     | 1     | Tetanus, . . . . .                  | 0     | 1     |
| “ puerperal, . . . . .             | 2     | 0     | Tuberculosis, . . . . .             | 1     | 0     |
| “ remittent, . . . . .             | 0     | 1     | Tumor, abdominal, . . . . .         | 1     | 0     |
| “ scarlet, . . . . .               | 0     | 67    | Ulceration of stomach, . . . . .    | 1     | 0     |
| “ typhoid, . . . . .               | 7     | 7     | “ throat, . . . . .                 | 0     | 2     |
| “ typhus, . . . . .                | 6     | 1     | Unknown, . . . . .                  | 4     | 10    |
| Gangrene of the lungs, . . . . .   | 0     | 1     |                                     |       |       |
| Gangrenous inflammation, . . . . . | 0     | 1     |                                     |       |       |
| Total, . . . . .                   |       |       |                                     | 213   | 386   |

Of the foregoing the ages were as follows:—

|       |     |       |   |      |   |     |
|-------|-----|-------|---|------|---|-----|
| Under | 1   | year, | - | -    | - | 154 |
| From  | 1   | to    | - | 2,   | - | 63  |
|       | 2   | -     | - | 5,   | - | 100 |
|       | 5   | -     | - | 10,  | - | 40  |
|       | 10  | -     | - | 15,  | - | 11  |
|       | 15  | -     | - | 20,  | - | 17  |
|       | 20  | -     | - | 30,  | - | 48  |
|       | 30  | -     | - | 40,  | - | 37  |
|       | 40  | -     | - | 50,  | - | 40  |
|       | 50  | -     | - | 60,  | - | 34  |
|       | 60  | -     | - | 70,  | - | 24  |
|       | 70  | -     | - | 80,  | - | 18  |
|       | 80  | -     | - | 90,  | - | 10  |
|       | 90  | -     | - | 100, | - | 2   |
|       | 100 | -     | - | 110, | - | 1   |
|       |     |       |   |      |   | 599 |

Included in this number, are 34 from the Almshouse, 47 people of color, and 9 from the surrounding country.

*Removal of foreign bodies from the ear-passages.*—Mr. TOYNBEE, in a communication to the Provincial Journal, condemns the use of forceps or curettes, and says—"The instrument that I have always found successful in removing foreign bodies from the external auditory meatus without fear of producing inflammation, is a syringe, of capacity sufficient to hold two or three ounces of water. The plan of using a syringe in these cases has been often recommended, but I feel confident that it will not prove successful unless the syringe be of sufficient size to allow the water to be injected with considerable force. Forceps and other instruments are had recourse to by surgeons who have found that the foreign body is not moved by the use of a small syringe, the great fault of which is that sufficient force cannot be used to cause the water to pass between the foreign substance, when it is large and round, and the walls of the meatus; or, if the substance is heavy, an outward current powerful enough to carry it towards the orifice cannot be induced. Of the foreign bodies which I have recently removed from the external auditory meatus by means of the syringe, two consisted of a pea and a bead, both appearing, on examination with the speculum, to be closely surrounded by the membranous meatus; the third was a piece of slate pencil lying at the lower wall of the inner extremity of the tube, and in contact with the membrana tympani. I feel confident that an attempt to extract any of these substances by means of forceps or director would have been attended by injury to the meatus or membrana tympani, whereas each was removed by the use of a syringe for about three minutes.—*London Medical Gazette.*